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## Part 1.—Original Communications.

### ARTICLE I.

*Cases of Malignant Pneumonia, with remarks.* Read before the Kosciusko county Medical Society. By EDWARD R. PARKS, M.D.

Malignant Pneumonia is a disease of no small interest to the physician, especially the physician of the west. The suddenness of its invasion, the deceptive character of its symptoms, and the rapid course and very frequently fatal termination of the disease, must at once impress the mind of every physician with the importance of being well acquainted with its symptoms, its astonishingly rapid course, and the plan of treatment most likely to prevent its generally fatal termination.

Although this disease has occasionally prevailed in various portions of the United States since 1806, and sometimes in the form of a wide spread and desolating epidemic, yet it is a lamentable fact that even now we know of no good account of the disease in any standard work in the hands of the profession.

The best account that we have seen is to be found in Watson's Practice of Physic, in a note by the American Editor, (T. Francis Condie,) page 611.

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Some of the common names for this disease have been "head pleurisy" and "the cold plague." By physicians it has been called, but in our opinion with doubtful propriety, "typhoid pneumonia." We have heretofore described a variety of pneumonic disease that we denominated "typhoid pneumonia," but in this form of disease the symptoms differ so widely from an ordinary typhoid case, that we have taken the liberty to call it malignant pneumonia. In fact the title pneumonia is itself somewhat objectionable, from the fact that in some instances there are no symptoms that would lead to suspect thoracic disease. Notwithstanding this is the case in some instances where the disease runs a rapid course and terminates fatally in a few hours, yet we believe there are no cases in which the disease lasts for several days that do not develop symptoms of lung disease. The first appearance of the disease in this country, that came under notice was in the latter part of the spring of 1845. From the great diversity of symptoms presented in different cases of this malady, arises the extreme difficulty that exists in describing its symptoms in an intelligible manner. Perhaps we can give the clearest idea of the disease by referring to the following.

CASE I.—W. E., æt. 15, a lad of tolerably good constitution, was attacked about the first of April, 1845. We saw him first at ten o'clock, P.M. He then complained of a dull heavy pain in the head, with some lassitude, &c. There was little arterial disturbance; no fever. He was bled to, perhaps, ten ounces, and ordered to take a portion of compound cathartic pills. The next morning we received a summons very early to visit him. When we arrived, the father gave us the following account: The pills were taken in a few moments after we left, but were ejected. Shortly afterwards he thought the patient fell asleep, as he heard nothing of him till morning, when he was found in a state of insensibility. We found the patient in a state of insensibility, with the eyes very prominent and staring. There was nothing

very remarkable in the appearance of the pupils. The extremities and head were in incessant convulsive motion; pulse a little fuller and more frequent than usual; extremities cold, and the whole surface of the body decidedly moist, though the head and breast were somewhat hot. The features were frightfully distorted; the respiration was hurried and loud, and there was occasional vomiting. It was impossible to get the patient to swallow anything whatever. We abstracted a pint of blood, administered an enemata of oleum terebinth., and applied sinapisms to the ankles and wrists along the whole length of the spine, and over the epigastrium. The condition of the patient grew worse, and he died about three or four o'clock of the same afternoon.

CASE II.—Mrs. L., the mother of the young man whose case we have just related, æt. 33, of spare habit and delicate constitution, complained, perhaps an hour before the death of her son, of some pain in the head, lassitude, etc., and requested us to prescribe for her, though she thought her symptoms probably depended upon fatigue and anxiety about her son. We prescribed an emetic of ipecac., which operated mildly. An hour afterwards, she expressed herself as feeling quite comfortable. In less than an hour after this we were summoned to visit her in haste. We set off immediately on our way, which was not over a half mile. On our arrival we found the patient delirious, and in a state of the most perfect restlessness; eyes prominent and imploring, and the whole surface of the body bathed in a copious and very offensive perspiration, with an inability to swallow anything. She was bled, at two bleedings within an hour, about a quart, and sinapisms were extensively applied. Her condition grew decidedly worse, with aggravation of all her symptoms; her extremities soon became icy cold, and she died about twelve o'clock that night. Drs. R. M. Kendall, Wm. Parks, and my brother, J. F. Parks, saw this patient. The two foregoing were the first cases of this description that we had ever witnessed.

CASE III.—J. R., æt. 40, a respectable farmer, of good habits and constitution, was attacked about the tenth of April, 1845. He had eaten his supper and gone to bed as well as usual, but awoke about midnight, complaining of feeling cold and chilly, and requested one of the family to put more clothes over him. He complained of lassitude and pain in every part of his body. In an hour afterwards, we found him quite delirious and writhing with pain; talking incoherently and incessantly; bathed in a copious and very offensive perspiration; with constant jactitation; pulse tolerably full, vibrating and inelastic; tongue covered with a whitish tenacious phlegm; dysuræ amounting in fact to complete retention, or rather suppression, and considerable dyspnoea. Our prescription was—*R.* disulphate of quinine, ten grains; sulphate of morphine, half a grain, every half hour, and sinapisms to the extremities, to the spine, and over the epigastrium. Under this treatment, the condition of the patient rapidly improved. The delirium, jactitation, and sweating subsided, and, when we saw the patient twelve hours after the attack, all the most alarming symptoms had disappeared. He now had some cough, and complained of pain in the right side of the chest, for which we ordered a blister to be laid on the affected part and gave twenty grains of the submur. hyd. to be followed with a full dose of oleum ricini in two hours. The other medicines were continued, but given less frequently; the powders of quinine and morphine every two hours, the brandy every hour, with orders to discontinue the brandy in case the skin became hot and dry. The next morning the condition of the patient was much improved; the cathartic had operated well; the cough and pain in the side had subsided; the patient had rested pretty well through the night; and the strangury, which had been treated with demulcent drinks, and warm fomentations over the hypogastric region, was completely relieved. The powders were continued, though in smaller quantities; convalescence soon ensued, and the patient had a rapid and perfect recovery.



CASE IV.—Mrs. T. H. æt. 25, a married woman of good constitution, was attacked on the 19th of April, 1845, about sunset, with chilly sensations, aching of the limbs, and pain in the head. We found her, about an hour after the attack, with the extremities very cold; the pulse very small and irregular; face flushed and hot; features distorted; delirious, and giving no attention to anything said to her; with her head constantly in motion. We prescribed, R—disulphate of quinine ten grains; sulphate of morphine, half a grain every two hours, with a table spoonful of brandy every half hour, sinapisms to be applied as in the foregoing cases, with a dry warmth to the extremities. Twelve hours afterwards we found the patient rational, the feet and hands warm, and the restlessness relieved with pulse fuller though irregular and intermittent, and complained of pain in the head. Continued brandy and powders as before, with the addition of five grains of the sub. mur. hyd. to each powder. This was in the morning, the patient was ordered to take oleum ricini one ounce, oleum terebinth. half an ounce, that evening. We saw the patient early next morning, the bowels had been evacuated freely; she had a slight fever, was somewhat restless, complained of some pain in the head and chest, had a cough, and complained of some tenderness of the gums. Disulphate of quinine, three grains; sulph. morphine, pulv. ipecac. aa, half a grain to be taken every three hours. A blister was laid on the chest over the site of pain. Brandy discontinued. Under this treatment she gradually recovered, though she was considerably pyralized which somewhat protracted the convalescence.

CASE V.—J. C. P., æt. 23, a gentleman of good habits, was attacked on the morning of the seventh of March, 1848. He awoke from sleep with chilly sensations, aching of the limbs, etc. We found him about an hour afterwards, with cold extremities, the pulse small and irregular, respiration short and difficult, with a peculiar diffuse livid flush on the face. He complained of severe pain in the head, and throughout the entire chest; he could but very partially inflate the chest, and this

was attended with severe pain. He had a constant desire to cough, but the effort was almost entirely suppressed. Disulphate of quinine, five grains; sulph. morphine, one grain, this to be taken every two hours. Sinapisms were applied to the ankles and wrists, and also dry warmth. Saw the patient at eight o'clock P. M. Found him tolerably comfortable. The extremities were warm, head entirely relieved, some pain yet remained in the chest, the powders were continued one every three hours. Saw the patient next day at noon—he felt quite smart. As the bowels had not been evacuated for some forty-eight hours, we ordered him to take sulph. magnesia and senna, and three powders of quinine five grains each, the next forenoon. His recovery proceeded rapidly from this time without a solitary unpleasant symptom.

*Causes*—The predisposing cause to this disease is undoubtedly malaria, whilst the exciting cause depends upon sudden vicissitudes connected with some peculiar condition of the atmosphere. We cannot, however, dwell upon these points.

*Pathology*—Various opinions have been entertained by the profession with reference to the proximate cause of this disease. By some it has been supposed to consist in inflammation either of the brain or lungs, or both of these organs; while others insisted upon its depending upon congestion. It appears evident to us that the primary disease is located in the nervous system, and that congestion and inflammation are secondary results. That inflammation does take place in some instances cannot be doubted, but that it never does in the early stages, is equally clear. That there could have been no inflammation at any time in the fifth case reported in this paper we think is sufficiently clear from the rapid recovery that ensued, although the early symptoms were of the severest character.

*Diagnosis*—There is but one disease that malignant pneumonia is liable to be confounded with, and that is inflammation of the brain. The sudden invasion of the attack, the great prostration, extreme jaetitation, the condition of the extremities,

the almost total want of reaction, and the feeble, irregular, and flickering pulse, are amongst the most important symptoms indicative of this disease.

The nature and type of prevailing diseases will also afford much important information.

Indeed this is, perhaps, the most important consideration in forming a correct diagnosis in the malady. Should pneumonic affections of a typhoid type be extensively prevailing, and any doubt about the character of the disease remains, this circumstance may fairly settle the question.

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#### ARTICLE II.

*Remedy for Deafness in cases of destruction of the Tympanum and small bones of the ear; with remarks.* By CHARLES BRACKETT, M. D. of Rochester Indiana.

In the September No. of the London Lancet, I think, is a very interesting communication on a new method of treating deafness resulting from destruction of the Membrana Tympani—cases generally considered beyond the reach of surgical skill. The treatment is simple, consisting in nothing more than the introduction of a small pellet of fine, clean, moistened cotton, “to a particular place in the bottom of the Meatus Externus.” The writer does not seem to know *where* this place is, but says it must be found by manipulating, or moving the cotton well moistened in the bottom of the Meatus, “till the particular spot is reached.” After I had read this case I thought that of course the *particular spot* must be in the ulcerated opening in the membrane and probably in contact with the malleus, thus restoring a more perfect communication through the Incus and Stapes to the internal ear, where the Portio Mollis the true seat of Audition is distributed.

As there was a patient of mine in town (Rochester) laboring under this disagreeable affliction I determined to test the

treatment on him. He is a young man of about twenty years of age, and lost the Tympana of both ears during infancy from ulceration.

I introduced a pellet of cotton wet with water, carefully to the bottom of the Meatus and into the opening in the Tympanum; he then became conscious that he could hear much better than before. I then tried the other ear in the same way. In this ear the passage of the cotton simply *into* the opening of the Tympanum did not relieve the hearing. I then passed it *through* in the *cavity* of the Tympanum when I found that by pushing it lightly up he could immediately hear distinctly as with the other ear. This ear he said "was worse than the other, and discharged a great deal more;" judging from this and that the cotton had to be introduced farther than in the other ear, I concluded that the Malleus at least, if not the Orbiculare and Incus, had been separated and discharged from their places in the cavity. For I consider that the moistened cotton receiving the undulations of sound, and being in contact with the long chain, conveys the vibrations to this chain and through it to the Vestibule where, with the semicircular canals and cochlea, we have the Portio Mollis expanded to receive and transmit the vibrations to the Brain. Such, judging from this case and cases reported in the Lancet, were the impressions I received respecting the *modus operandi* of the wetted cotton restoring a fine sense of hearing, which lasts so long as the cotton remains moist with the water.

This certainly is but a temporary relief, as the cotton must be renewed as often as it becomes dry, or is displaced from the "*particular spot*" on which it must be to insure success, but I hope the complete temporary relief afforded by the cotton may induce research into the subject which shall result in the discovery of a more permanent means of relief.

## ARTICLE III.

*Case of Malformation of the Heart. Read before the Union Medical Society of Northern Indiana. By JOHN JACKSON, M. D. of Goshen Indiana.*

Oct. 30th, 1847, I attended the wife of Mr. Charles Darrow, of this town, when delivered of an apparently sound and healthy female child. It continued to thrive and grow fat without the least perceptible indisposition, until about two months old, when for the first time I was called to see it. I remarked nothing peculiar in the symptoms. Made a prescription, and on the following day it was much better.

In about two weeks afterwards the father of the child called, and said it was again affected somewhat as before and requested me to give him some medicine for it, like that previously prescribed.

Again, in about two or three weeks, he called for more of the same medicine; for, says he, the same indisposition occasionally evinces itself, being principally a cough, and starting in its sleep.

I do not recollect any of these prescriptions, it is probable no two of them were alike.

I did not see the child from the first time I prescribed for it, until the 22d February, when I was again requested to visit it. I found it with a quick pulse, slight fever, and much troubled with a cough, rather spasmodic in character. The cough, I was informed, had annoyed it for the last two months, so much as to prevent it from sleeping for more than fifteen or twenty minutes at a time. Otherwise, I remarked but little derangement. Prescribed for it, and on the following day it was much better.

Upon my visit this day, I, for the first time, observed an interruption or cessation of the action of the lungs, and of course that of the diaphragm and inter costal muscles &c. The cessation occurred regularly every 8th or 9th respiration.

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and lasted about 10 seconds. For more than a week there was no alteration in the symptoms evinced by the lungs, except that the cessations became more frequent and lasted longer.

For another week I continued my visits. I will here remark that from the beginning of the child's illness until the close, all its functions responded well to the prescriptions, (except those of the lungs,) and still the infant was no better, but rather worse, for it was growing weaker, and the cessation of the action of the lungs and cough, were becoming more frequent, and of course the child was more restless. At times the cough would be so convulsive as to lead me to suppose it might be the whooping cough. However, I became satisfied there was some derangement of which I was ignorant, and suggested the propriety of council. The friends called Dr. Latta to advise. After I had given him the history of the case and treatment, I mentioned to him my suspicion of some mal-formation of the heart, he allowed the probability, but considered the nerves of respiration also at fault, and suggested the use of strychnine. We accordingly prescribed it for three successive days in as large doses as, in our judgment, it could bear.

When the strychnine was first administered we thought it benefitted the child, for the coughing was not so frequent nor so convulsive. But afterwards we thought it made the infant otherwise worse for it disturbed its sleep and other functions. From this time it rapidly declined, and, on the 17th of March, died. Towards the last week the cessation of breathing would be every third or fourth respiration, and it continued about a half a minute.

I should have remarked that for the last two weeks its head seemed to be much affected.

*Post Mortem examination twelve hours after death.*—Loss of flesh not very considerable. All the organs in the abdominal and thoracic cavities, except the heart presented a normal appearance. But little fat, and no serous fluid in either cavity.

We removed the heart, and upon cutting into the right au-

icle, discovered in the interior a pendulous white fatty looking substance of about a quarter of an inch long, half an inch in width, and a line. in thickness

The foramen ovale was open, other parts normal.

The ductus arteriosus not examined.

A small child of the same parents, died prior to the above case, having the same symptoms, but there was no post mortem examination

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#### ARTICLE IV.

*Remarks on Belladonna as an application to Ulcers.* By E. S. COOPER M. D. of Peoria Ill.

Although no one remedy can be said to be applicable to all ulcers or even the same ulcer, if indolent at different periods, in as much as articles which prove most beneficial lose their influence after several applications, and have to be superseded by others, the extract of Belladonna has proven equally adapted to many cases, and all stages of the same case, does not appear to lose its stimulus after repeated application and in that has proved superior to any article I have used. If granulations are exuberant it gives tone to their vessels, and very soon changes their color, and morbid growth, if languid it stimulates them to increased growth, and has proven applicable to more cases and of greater benefit than any article I have used in all ulcers

In many cases of ulcers about the nail in which as Hunter says, the parts are not in a state of harmony, it is with great difficulty as is well known, they are made to heal. Remove the nail which was black, apply the black lotion and lint, with the internal use of Sarsaparilla decoction and in a few days the parts begin to granulate—Granulations florid, and to all



appearance every thing is going on well, cicatrization even commences and bids fair to continue to the completion of a cure when, however, suddenly a nail, black as the first, changes entirely the condition of the sores, and in a few days it looks as badly as at any time previously. Remove this nail and it goes through the same course as before, which will continue for weeks and even months, in spite of every effort, local and constitutional, to bring the sore into a healthy state. Nor are these the worst of this kind of ulcers, for in many cases they never show a disposition to heal from the time the nail has been removed until it reappears, and during the time be extremely offensive. Practitioners who have met with many of these cases, will not be surprised at my dwelling so long upon a matter apparently so unimportant. It is in these cases particularly I would recommend the extract of Belladonna. The following are very similar to many others in which I have used the article.

**CASE I.** Master S. æt. 7., bruised the end of his thumb in May, 1842. In June I was consulted, and found the dorsal side of the thumb ulcerated for three fourths of an inch from the end, including absorption of most of the nail. The excavation much deeper in the space previously occupied by the nail. The nail was divided into two portions, which were short, curled backwards, and jet black. The sore had been in that condition three weeks.

I removed the nail, and applied calomel with lime water, and lint, and as the patient was debilitated I gave Columba and Sarsaparilla in decoction.

*July 1st.* Ten days since I saw the patient—Ulcer the same as before, patient's health somewhat improved, sore very offensive, bleeds when touched a little roughly, considerably painful—Added one fourth grain of Ox. Mur. Mercury to a pint of decoction and continued it, applied Ox. Mur. Mercury to Ulcer, also lint, and covered with oil silk.

*4th.* Surface of Ulcer pale and secreting considerably,

very offensive, continued decoction as before. Applied Ox. Mur. Mercury with bals. fir, lint, and oil silk.

8th. Still very offensive and pale as before. Discontinued Ox. Mur. Hyd, both externally and internally, continue decoction. Applied Nitric Acid Solution with lint and oil silk.

12th. Ulcer about the same, continued the treatment.

16th. Considerably painful last night, discharges largely, and is very offensive. Ordered blue pill and opium at night. Applied Carb. Ferri and Acet. Plumb. and, instead of oil silk and lint, used linen merely.

This was continued for near a week when a new nail appeared, or rather two portions of nail, one on either side, which were attached at the root. This also curled as the first, and was black. I removed it and afterwards used various articles trying first lotions, then ointments, afterwards simple lint, and continued for four weeks when a third nail appeared. This I dissected out, with the gland which produced it, from which I hoped to derive some benefit, but to my utter chagrin six weeks passed, and although no appearance of nail to prevent a cure, the sore seemed obstinately the same, and during the time I had tried many articles which are recommended and some not recommended, and at last applied extract of belladonna, more for experiment as I had tried many others, with out any particular hopes of its proving beneficial.

The patient had suffered much pain in the arm at times before the use of this article which was occasionally so severe as to prevent sleep, but after its application for two or three days he suffered no pain, and in two weeks florid granulations had arisen a little above the surrounding surface, and in four weeks cicatrization was completed. The use of the article was not intermitted from the commencement, until the cure was effected. The extract was moistened a little and spread into the form of a covering, which was reapplied twice per week, and was all the dressing the ulcer received. It appeared alike efficient in allaying the pain of the part, and reducing the sore to a healthy condition.

**CASE II.** I was consulted in January 1845, in reference to an ulcer on the index finger of Miss M. *æt.* 11, who had it injured six months previously by a strike from a hammer. It had been sore two months when a physician was called who applied a blister which removed the nail, gave the patient some blue pill, and applied mercurial ointment, which soon brought the sore into a healthy state, small florid granulations covered the surface and a speedy cure was anticipated which was, however finally interrupted, by the growth of the nail, which was black, thin, and curling. This was taken away with forceps, having apparently but slight attachment, and the wound afterwards treated with the application of Sub. Mur. Hyd. and Aqua Calc., which appeared to have a good effect, and the sore looked to be in a good condition as before, which continued until the appearance of the nail again. It then assumed its former unhealthy aspect, the granulations become absorbed, and the excavation became deeper than before including part of the bone. But the nail was permitted to remain some weeks before its removal this time, which, however being finally effected the sore became healthy again, and remained so until the reappearance of the nail. After which it became as ill-conditioned as before. And it was at this time I was consulted.

Remembering the former case, after removing the nail, I made the application of extract belladonna as before and with like result. The gland not being dissected out the nail was reproduced but instead of the black color, it was of the reddish hue which marks newly reproduced cuticle, and which afterwards remained a shade redder than the balance of the nails.

Several other cases have occurred in my practice, similar to these and although the good effects of the belladonna were not so striking they were sufficient to convince me that it was superior to most or all other articles with which I was acquainted in ill-conditioned ulcers. One advantage it certainly does possess over other applications to sores viz., it never loses its in-

fluence, the sore never becomes accustomed to its action, and I have witnessed its good effects for weeks in allaying the pain of malignant mammary ulcers, after the disease was so far advanced as to exclude all hope of cure. I have never known an individual complain of severe pain in an ulcer to which it was applied.

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#### ARTICLE V.

*Influence of Disordered Functions of the Skin in producing Fevers.* Extracted from a paper read before the Union Medical Society of Northern Indiana. By JOHN JACKSON, M.D.

Investigations with regard to the remote and proximate causes of fever have, at all times, engaged the attention of the medical profession. Malaria, according to the prevailing opinion, is a specific agent, capable of producing the class called bilious, intermittent, and remittent fevers. But have we not other agents to which to ascribe the production of fever without assigning unknown and doubtful causes? Are not the different electrical conditions of the atmosphere, moisture, cold, etc., agents active enough to disturb the equilibrium of the circulation and with it that harmonious action of the nerves so necessary to perfect health? Have we not, during the winter, a season unfavorable to the production of malaria, fevers presenting precisely the same phenomena as those called intermittent and bilious? and are they not treated successfully by the same kind of medicine.

We know that during winter as well as summer, if the functions of the skin are disturbed so as to suppress perspiration, large quantities of carbon are retained in the blood, as

is evident by its being found in excess, combined with other substances in the excretions.

Superabundance of carbon in the system, as is well known to medical men, is deleterious in its effects.

This redundancy of carbon in the blood may, at any time or season, be occasioned by the quick closing of the pores of the skin—especially is this the case during warm weather; for, during the summer and fall, the skin is most active, and the lungs less so, for the reason that the quantity of oxygen in the inspired air is less in warm than in cold weather. In summer, therefore, the carbon cannot be carried off by means of the lungs in anything like the same proportion as during winter.

Again, all writers upon the subject of fever say it is the effect of irritation, seated, as most of them believe, in the capillaries. Allowing it to be in the capillaries, we would ask why may not fever—especially intermittent and bilious—be produced simply by an excess of carbon in the blood keeping up a constant irritation in the capillary nerves.

Upon the first onset of most disease, patients exhibit all the symptoms of fever; that is, they present an irritability of pulse, congested vessels, and preternatural heat. These are the constant symptoms of fever; but if the action of the skin is restored, all the alarming symptoms quickly disappear, and with them the fever.

Fevers are always ushered in by a sense of nervous depression. A chill never occurs until the blood recedes from the surface. We consider, therefore, that the disturbed functions of the skin, produced by cold may be a frequent cause of fever, and that the proper treatment is to arouse its healthy action and allay nervous irritability. In the early stages this can be done by the application of heat alone; its constant effects being to stimulate the skin to action. Moreover, every practitioner knows that many of the fevers called bilious are cured by rest alone; or in other words, the patient gets well when the cause—a superabundance of carbon—is carried off

by the action of the skin, liver, and other organs, or burned up in the body, as healthy action is restored.

In a word, what is an increased action of the capillaries to rid the system of this noxious matter, which first caused the irritation and which we conceive to be principally carbon.

We are not writing particularly upon the subject of fever, we will, therefore say no more upon its cause or pathology, farther than to state that we have no faith in the common doctrine of a supposed agent called malaria producing them. We hope that writers upon the subject may hereafter be more philosophical; for so long as men follow phantoms of their own or other men's creation, they will never arrive at the true cause of this or any other disease. It may be asked if malaria is not a most active agent in producing that form of fever called bilious, why is it that we have so few cases of that character in old settled districts? The causes are many—first, the people are generally more regular in their habits. They have better dwellings, are better clothed, better fed, have plenty of fruits abounding in acids, the base of which is oxygen. They generally have an abundance of culinary vegetables all of which contain potash in some form.

In old settled countries they have none of that superincumbent vegetable matter which covers the surface in new countries, preventing the sun's rays from acting upon the soil, and favoring the consumption of oxygen and the formation of carbonic acid gas.

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#### ARTICLE VI.

*History of a case of Spinal Disease.* By Dr. M. F. IRWIN, of  
Crystal Lake, Ill.

H. P., aged 23, a farmer, of robust constitution and temperate habits, applied to me, Sept., 20th, 1847, on account of slight pain in the right si and soreness in the abdomen.

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Appetite good, bowels regular, tongue and countenance showed no indication of disease. I refused to prescribe medicine, telling him that he had labored too hard, and that he needed little else than diet and temporary rest.

I heard nothing more from this patient until January 2, 1848, when, upon being summoned by his father to see him. He stated to me that since August he had felt slight pain in one or both sides; that at times he had had slight soreness in the abdomen and a shortness of breath, but had labored hard until a week since, when he had given up work, "because" as he expressed himself, "one of his legs refused to go off." Upon examination it was found that his appetite was unimpaired, no unusual tenderness could be detected in the chest or abdomen, or on the track of the spinal column, yet he felt a soreness in the abdomen and lameness in the chest and upper part of the body, upon retching or making a strong effort with the anus. He was unable to move his left leg without the aid of the hands; the right was also partially paralyzed. Sensation, too, was so much impaired in both inferior extremities that deep gashes could be cut in them without his having any knowledge of it.

*Treatment*,—He was bled to the extent of sixteen ounces, and a full dose of submur. hyd. administered, followed by Sulph. sodæ, until free purging followed; diet restricted, and a large blister applied over the region of the spinal column. He was then directed to take mass hyd. six grain, at night, and ten grains pulv. Doverii, occasionally, and to apply sinapisms to the legs and feet.

Saw him again January 8th. Symptoms of paralysis no better, sensation less; he could now be cut upon the lumbar region to the depth of half an inch, without experiencing any pain.

The soreness had now entirely left the chest and abdomen, appetite good, pulse regular. There was no loss of sensation or the power of motion, in the arms and upper portions of the body, but in the lower extremities there was complete loss of motion, and there was but little sensation.



It is not necessary to describe the treatment of this case in detail. Suffice it to say that calomel, cupping, scarifying, blistering, leeching, sinapisms, iodine, strychnine, and the cold douche were successively or in conjunction tried, but in spite of the combined efforts of the best council at hand, he sunk under the disease April 13th following the January of the attack.

*Autopsy twenty hours after Death.*—The spinal column and spinal cord, were the only parts examined. The examination was as minute as the case would admit. In the cervical region no unusual appearance was detected. The dorsal portion of the cord, on examination, was found to be slightly atrophied opposite the three last dorsal vertebræ. In the the lumber region very different appearances presented themselves. All that could be detected of the spinal marrow at the lower part of this region, was two shreds or cords about the size of a common knitting kneedle, of a whitish appearance, very tender and easily broken. Still higher up, these cords were found to be more numerous, and seemed each to be constituted of numerous fibres, altogether constituting a complete net-work of cords. Mingled with these fibres, a whitish substance resembling the medullary portions of fibrin might be observed, having the appearance of soft portions of the spinal marrow that had not been absorbed; here, also, might be observed, running along the fibres, innumerable small blood-vessels, almost too minute for the naked eye to detect, yet giving the parts a slight vascular appearance. Still higher, opposite to the last dorsal vertebræ, the cord appeared as if a section of it had been made from behind forward and downward in such a manner as to divide all but the small shreds or cords above described.

The membranes of the cord seemed entire, presenting a very vascular appearance. It may here be observed that the cavity below the last dorsal vertebra and the sacrum was filled with a fluid resembling the serum of the blood.

*Remarks.*—This case of spinal affection presented the fol-

lowing to me unusual phenomena. But little, if any unusual tenderness could at any time be detected along the course of the spinal cord; all pain throughout the course of the disease was referred to the abdomen and chest; notwithstanding before death the integument and muscles sloughed from the sacrum, yet there was generally regularity of the bowels and in the discharge of urine, though fæces and urine occasionally passed involuntarily and without the patient's knowledge.

It seems difficult to account for the origin of such a disease in a young man of so unusually good constitution and discreet and temperate habits. No cause could be assigned by him for the disease, or time fixed when it commenced; our remedies, too, seemed to do him little if any good, the case going on as though nothing had been done.

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#### ARTICLE VII.

*Address to the Graduating Class of Rush Medical College, Session 1848-9.* By DANIEL BRAINARD M.D.; President of the College.

#### GENTLEMEN:

IN performing the duty which devolves upon me on this occasion, of giving you, along with our final farewell as teachers, some words of advice and encouragement, my thoughts naturally turn again to that profession whose duties you are about to assume. That they are important and difficult beyond the power of most men to perform, none will deny; that they are useful, humane, and charitable beyond those of almost any other profession is not less certain. Our Profession has, however, its deriders; and these have more especially directed their shafts against its younger members; the characters and skill of those more advanced being too well known to admit of question. It will not, therefore, inappropriate at this time to glance briefly at the claims which

medical science and physicians have to public confidence and respect, for it were well that these should be fully impressed upon the minds of the younger members at the commencement of their career.

What has it done for the good of humanity? This is the first question which should be asked respecting any art or science; for whatever it may have done to enrich or ennoble its professors, however attractive and delightful it may be in its study or pursuit, it can scarcely be said to possess claims to confidence and respect, still less to the gratitude of man, unless it has conferred essential benefits on the human race.

We inquire, then, whether physicians constitute an essential part of society, or can their services be dispensed with?

It will not, we suppose, be denied that of all the evils, which afflict man, disease and pain are the first and the greatest. Whether it comes in the private circle, and lays its hand upon the new-born child, blasting the budding hopes of families, or seizes the mature in years and mind, the guide and leader of society; whether it steals in solitary dwellings, a single victim, or stalks abroad as the pestilence, and falls upon terrified cities or nations, disease is still the greatest dread of man. It were beyond the power of the pen to describe the sufferings of a single individual in its grasp, and when taken in the aggregate the imagination of man could but faintly conceive the ills it produces.

Dire was the tossing, deep the groans,  
Despair tended the sick, and over them  
Death his dart shook but delayed to strike,

There is a class of persons who deny, to a great extent, the necessity of our art, because they say diseases result from a violation of the natural laws, and might be obviated by their observance.

Without, by any means, denying that a violation of the laws of life is a cause of disease, we think that it by no means follows that they can be so observed as to entirely prevent its occurrence. It seems the natural inheritance of man.

When he goes forth to brave the rude climate of the north, his blood is chilled by the freezing blast; in the tropics it is inflamed by the burning sun or poisoned by noxious exhalations. The pursuit of those arts necessary to his existence, leads to disease, and in the accomplishment of those efforts of mind required in all great undertakings, his energies are broken. A world, where the observance of natural laws would secure us against disease, must be one when the body never suffers from heat, cold, accident, or imperfect nutrition; where the mind is never subjected to anxiety or over exertion, or the hopes to disappointment. It would be a Paradise. If you live according to the best known rules, you are not secure against disease; and to reproach men thus placed with a violation of natural laws, is often cruel and unjust. It is not true that nature is the best physician. Inexorable nature, like fate, heeds not the cry of the feeble but rolls on in her iron car, regardless of the victims crushed in her path. It is to art the suffering spirit turns, and not in vain, for relief.

Since, then, disease is a part of the inheritance and history of the human race, it is necessary, that a class of men should exist for its relief—men who should watch over it from the beginning to the end of life, who should search out the causes and nature of man's maladies, and soothe his sufferings in every "lane of life." Such is the required assistance, and it must be admitted that if any class does afford this, it deserves a high rank among the useful classes of society.

It will not be doubted by those conversant with the subject, that the accidents and diseases attendant upon childbirth, are, in a great degree, within the control of art. In no civilized country is the aid of medicine, under such circumstances rejected; and when we take into consideration the debt which society owes for aid so essential to its welfare as that received from the art of accouchment, we see at once its great and inestimable value. Those even, who deny the claims of medical science to respect, fail not to purloin and apply its principles in this instance to as great an extent as their skill will permit.

During the period of childhood, the watchful care of art is required, to guard against the many dangers incident to that tender age; and there is, perhaps, none, even among those who oppose us, who may not be indebted to it for their own health and even their lives.

When we come to consider the different diseases of more advanced years, we find the power of medicine no less conspicuous.

If we take, for example, the class of inflammatory diseases, by which a large part of mankind have always perished, we find irrefragable proofs of the utility and efficiency of medical treatment. Statistics of cases of this kind have been given, and although forgery and falsehood have been resorted to, no reliable account of cases treated by any but the long established and approved methods has been given to show results equally favorable. On the contrary, the constant experience of any practical man, shows the fatal results of delay and inefficient treatment in such cases.

Next in point of fatality to inflammatory diseases are fevers, especially in the western states; the universal experience of those who hear me will bear testimony to their curability under skilful treatment. It is probable that there is no country where the public is so much indebted to the profession for aid in restoring to health the great body of its citizens, as with us, and if the results are still fatal in many cases, it is generally owing to the fact that circumstances do not admit the general application of medical treatment.

We might go through with the whole catalogue of diseases and demonstrate that in each, art has been found either to cure or greatly to mitigate their danger.

But it is not necessary. I cannot, however, forbear adverting to the surgical division of medical science.

More difficult, perhaps, than any other, because coming in contact with incurable affections, it is, in many respects, so admirable and certain as fairly to challenge the admiration of every reasonable mind. What more admirable

than the operation of tying arteries on the surface of wounds? what more beautiful than the results of skill applied to the reduction of dislocation or the treatment of fractures? How many thousands has it restored to the sight when blind? to the use of their members when crippled? It is the most humane, beautiful, and admirable of arts, and those who most strenuously deny the utility of medicine, are compelled to admit the value of surgery.

In prevention of diseases, the application of medical science has been at least as efficacious as in their cure. What language can describe, what imagination can conceive, the blessings secured, the ills avoided by the discovery and application of vaccination. We are less sensible of evils prevented than of those from which we are relieved, but when we learn that the rate of mortality at the present time, during the prevalence of the most fearful epidemics, as the cholera, is no greater than the average mortality of ordinary times but little more than half a century since, and find that the average duration of human life has doubled in a century, we shall be prepared to admit the benefit which science applied to health has conferred upon the human race in the prevention of disease.

Among all its benefits there is none more striking than the cure of the disease called mental. An individual restored from insanity to the use of his reason, is a noble trophy presented by science to humanity, and there are annually thousands of this class to whom we might point as evidences of the value of our art. But when we consider that these affections are, in a great degree, transmitted by hereditary descent, and that in proportion as they are neglected they become more numerous and inveterate, and constitute a larger proportion to the whole number, we perceive more fully the value of such treatment. Extinguish the lights which science has shed upon the darkened chambers of the human intellect, and you consign the unfortunate subjects of disease to their former rank as outcasts or criminals—objects of dread and disgust, without sympathy or hope.



It seems strange, if but a small part of these benefits are real, that any should doubt the utility of medical science, or question the claims of physicians to respect. It becomes us, therefore, to examine the objections which may be brought against them.

The first of these, urged from the earliest times, is that medicine is uncertain.

This objection, more or less valid in the earlier stages of the art, has gradually become less so, until at the present time it has no real value whatever. For we have already seen that in regard to the great majority of diseases, the effects of particular modes of treatment are capable of accurate demonstration. If it is in many cases uncertain, the difficulty is in the varying and changeful nature of the objects with which it deals, and not in the principles of the science itself. These, so far as relates to the symptoms of disease and the effects of remedies in given cases, have, within the last half century, been brought to an admirable degree of perfection.

But another objection is, that it cannot cure all diseases. Consumption, cancer, typhus fever, and other diseases, are beyond your reach.

To this we reply, that it is not the object or probable end of medicine to cure all diseases; death being the allotted end of all human beings, will doubtless take place through the means of disease. But the cases in which medicine is useless, are yet much fewer than is supposed. Consumption is in a large number of cases a curable disease; and if the contrary appears to be the case, it is only because from its insidious approach it is usually after organs essential to life have been destroyed that relief is sought. Indeed, there are few diseases in their nature incurable; they mostly become so by neglect, and of these the number is daily becoming smaller.

When a cure is not to be effected, there still remains the alleviation of suffering, the cheering and sustaining of the restless sufferer under disease, which are among the most precious services which man can render to his suffering fellow-man.



Such are the services which the medical profession throughout the civilized world daily renders. In every climate, in every place, wherever disease is found, there is a physician striving to relieve it; and whether successful or not, his mission is nevertheless divine and charitable, soothing and consoling beyond the power of words to express. Such is the science you profess, and so noble is the work on which you are bound. Beware of them who would draw you from it, or make you undervalue its ministrations. They are disappointed candidates for eminence in some useful way, narrow minds which cannot embrace a subject so extensive, or apply in practice an art requiring so much skill.

Medical science embraces every known method of curing disease. Whatever may be the principle, if it be found useful it is adopted. The true physician, therefore, cannot select a partial class of remedies exclusively, or devote himself to a single idea to the rejection of all others. He seeks out and adopts every improvement; his motto is, progress; his course is onward, but he advances by the path of experiment and induction, not by that of imagination or conjecture.

But whence comes it that empiricism thrives, that false theories prevail, that absurd systems are built up? It results from two causes: first, the power of falsehood, which, by means of the facilities of giving notoriety and practising imposition, is enabled to fatten and thrive upon public credulity. It is useless to expect that this will ever be otherwise, so long as knavery and folly exist together in the world.

But the second cause is of a different nature, and is susceptible to a great degree of being remedied. It consists in the wide difference between medicine as a science, and its application to practice. If, as a general rule, patients when they called upon a physician, received all the relief which the art of medicine is capable of affording, there would, it is probable, be but little reason to complain of the public preference to quackery in so large a number of cases. But it happens, unfortunately, that this so far from being the case, is

the rare exception. How few do we find thoroughly skilled in a single branch of the art. How much more rare to find one acquainted with all. But the public are obliged to judge of it from what they see of its application to practice. Every false diagnosis, every failure to arrive at the most appropriate remedy, every error of judgment, is by them circulated as an evidence of the uncertainty or insufficiency of medicine. Here we see that a great part of the evils of which we complain, a large proportion of the inconveniences we suffer, exist in the profession itself. For if we believe that the science of medicine has attained a high degree of perfection, and that its skilful and qualified practitioners are among the most useful of men, we must admit that the unskilful and ignorant are its opprobrium, and fully as likely to be nuisances as useful in their vocation.

These facts have long been felt, and so much so of late that, a general and combined effort, through the medium of a National Medical Association, has been made for their removal. What will be the result of its action, it is difficult to say; whether it will accomplish the work of reform, or whether it will but represent the conservative influence of the profession, remains to be seen.

The recommendation to lengthen the lecture terms—the most important it has yet made—seems to be regarded in many quarters as of doubtful propriety. It is in imitation of the courses of European schools, where the instruction, extending through a longer period of time; is composed of about the same number of lectures as with us. But in their case the attention of the student is in the mean time occupied by attendance upon hospital practice and private courses, so as to fill the whole period of time fully as much as it is occupied during the few months in this country. Whether the increase of the time of attending lectures, without any other additional facilities for obtaining instruction, is likely to prove very beneficial, is extremely doubtful. It would seem that the lectures already occupy a sufficient share of the time and attention of

the student. They are aids, but by no means substitutes for study, dissections, and observations at the bed side of the patient; and it would seem that these latter should be the parts of medical education to whose improvement attention should be more especially directed. It is not theoretical, but practical knowledge and skill which is deficient. No doubt a proper acquaintance with medical literature is desirable; no doubt an attendance upon lectures greatly facilitates the acquisition of knowledge; yet when these are unaccompanied by clinical teaching, they are far from making practical physicians.

The art of observation, which lies at the foundation of all practical skill, is learned and can only be acquired at the bed side. Here, if we mistake not, lies the great evil and defect of our system of education. It is not that our lectures are not well attended, or that as a general rule the lectures are not sufficiently instructive; it consists in a want of the means of familiarizing the student with the forms of disease—in a habit of passing too rapidly and superficially over the different branches he should pursue.

The plan for a national association of delegates, seems to have been a fortunate one. Even whether the measures it adopts are sufficient to remedy the evils complained of or not, it will have the advantage of arousing public attention, and of directing it to the proper means of effecting that object. It is here, if we mistake not, that the source of improvement is to be found. If physicians are not properly educated at the present time, it is assuredly due in a great measure to the fact that public opinion in the profession has been wrong on this point, and young men have been taught to believe that two or three years' study in the office of a physician, and attending a course of lectures, was not only sufficient to enable them to "get along," but was a liberal allowance of instruction. It certainly was a great improvement on the system which preceded it, for then nothing more was required than that a student should apply to a judge of a court, who in the exercise

of his discretion could grant a license to practice. At that time a large number of practitioners never witnessed dissections, and there were even many who never saw a skeleton. If we compare the period of which we are speaking—not by any means remote—when medical books in circulation were scarce and imperfect, when medical schools were few and distant from each other, and the attendance upon a course of lectures a rare exception, and hospital attendance almost unknown, with the present, in which the press teems with elaborate works, in which schools are multiplied and attendance upon two courses of lectures with frequent dissections and clinical instruction, are required, surely we cannot fail to perceive the rapid advances which have been made, nor to look forward to the future with confident and well founded anticipation of further improvement.

Those who complain of the degenerate state of the profession in recent times, must, it seems to us, have failed to imbibe its spirit. They cannot be aware of the vast strides which it has almost yearly made; it is they alone who are benighted.

Our own country has shared honorably and largely in the general activity and improvements, although its medical character and literature are far from having attained that high national standard which they should acquire. We are dependent too much on foreign works, even as text books; but there are indications of a favorable change in this respect.

The western states have been the theatre of far greater advancement in the character and intelligence of the medical profession, than any other part of this country. From having had a few years since but two or three medical schools, there are at present at least a dozen; and without instituting a comparison between these and other schools, we may safely claim that the teachers in them are as capable of teaching practical medicine in the diseases of the country in which they reside, as those at a distance who have never seen them; and they give advantages of public in-

struction yearly to hundreds of young men who otherwise would be entirely deprived of it. The idea of a 'country or a part of a country being dependent upon another for its educated men in any branch of science, implies an inferiority in intelligence which is not for a moment to be tolerated as applied to the west.

The statement has recently been made by a Dr. Holmes, Professor in a not very flourishing medical school at Boston, that the multiplication of medical schools at the west is doing great mischief in the profession. Whether this opinion was formed after a full consideration of the wants of the western states, and an acquaintance with the schools themselves, or whether it was but the expression of a prevalent impression, founded upon what the west was some years since, we have not the means of knowing; but we feel assured in either case that it cannot be sustained after considering the facts of the case. The western states have heretofore been supplied, to a very considerable extent, with their medical practitioners from the country schools of New England. These setting aside the fact that their professors possessed no acquaintance with the peculiar diseases of this region, afforded no opportunity for clinical instruction, and in many cases their rules admitted of graduation after two courses of lectures, both attended during the same year, without reference to the term of study. Under these circumstances, medical schools have been established in various cities and towns of the western states, possessing every facility for affording medical instruction. The right to do so is clear, and the good policy of this course is equally evident.

For a country, possessing all the advantages for containing a large population, calculated from its extent and situation to be the centre and great body of the republic of which New England will soon be but a small appendage, inhabited by a population composed of a fusion of the different European races, and brought, under favorable circumstances, to a degree of activity and enterprise unequalled elsewhere—for

such a country, with all its advantages, to be dependent upon some villages a thousand miles off for its physicians, would certainly present an anomaly in the general order of things, which nothing but an inability to observe and teach successfully could explain. We need not say that no deficiency of this kind exists, and that the western states have abundant talent of native growth, and names among her professional men known and deservedly honored throughout the whole country.

We are not of the number who think that the increase of medical schools is likely to be attended with any very injurious effects upon the public or the profession. If it be true that the great difficulty in the way of the profession consists in a want of sufficient qualifications, it seems but natural to suppose that by the increase of schools a larger number of persons might be qualified to perform the duties with success.

It is certain that until some mode is adopted by which to open the roads to eminence equally to the profession at large, no other remedy for the evils of monopoly can be found but the indefinite multiplication of medical schools. Nor does it seem probable that the number is likely to exceed the wants of the community to so great an extent as many suppose. In the new states, the labors of the physician are extremely arduous; they are often so severe as speedily to impair his health, and the inducements to draw him from professional to other occupations are numerous. The fields for the exercise of professional skill are daily increasing in extent. But a few years since, the place we inhabit was on the extreme verge of civilization, and stretching far away to the west was a desert scarcely trodden by the foot of civilized man. Now the emigrant turns from our crowded streets, and well-peopled prairies to the far distant shores of the Pacific ocean, where his hopes, taught by the recent history of the western states, paint cities, towns, and a thriving land—the home of freedom and the arts—as about to rise and expand before his view. To you, young gentlemen, about to enter upon the



practical duties of life in a profession so useful, honorable, and charitable as ours, life seems to present attractions not often found in similar circumstances. The field of usefulness is rich—vast as the ambition of man can desire. Your life, if you worthily follow your profession, is to be one of perpetual charity, of daily relief to suffering. Let me urge you never to forget those pure and honorable principles which should ever guide and characterize men entrusted with so important an office—fidelity and strict attention to those entrusted to your care, respect for your professional brethren, and above all, a regard for the character and usefulness of the profession. Your character and interests are henceforth identified with it. In proportion as you devote yourself to it, will be the return you may expect to receive. Set your mark high. Fear no obstacles; let the one object of eminence and usefulness be always before your mind. Whatever you determine on now, if followed out with suitable perseverance, you will scarcely fail to accomplish. Whatever may be the result, no pursuit is more worthy of occupying your lives than the acquisition of knowledge and its application to the relief of human suffering.

For us who have aided you, according to our means and ability, in your progress thus far, our desire for your welfare and our efforts for the dissemination of knowledge and correct principles, will not be relaxed but followed up with renewed vigor. It is now seven years since the germ of our medical college was planted. Six individuals were found willing to listen to the teachings of a private course at that time upon a single seat; the next year another was added, and the third year some twenty persons were in attendance upon our course. By some these early efforts were regarded as premature, by others as altogether misplaced; yet the progress of events has shown that the time and place were well chosen. Step by step has the school advanced, until its alumni constitute a large body of the most respectable practitioners of a wide extent of country. Their students constitute our classes



in a great measure; and our infant institution has already acquired a developement which is a guarantee of its future advancement. It is associated with the destinies of a great and powerful city, and its prosperity and continuance will be commensurate with her growth and duration. It can never perish. Like a ship entrusted to the sea with bright sunshine and smiling skies, in its course it must meet with storms; the winds may rage against it, the waves may beat upon it, dark clouds may gather above, and rocks rise beneath it, but it will come in safety through every danger to the protected waters of the distant haven.

#### ARTICLE VIII.

*Treatment of Spina Bifidia by Injection of Tinct. Iodine.* By DANIEL BRAINARD, M.D., Professor of Surgery in Rush Medical College.

In the No. of this Journal for Jan., 1848, a case was reported of treatment of this defect of the spinal column by injections. The case, at the time, I considered cured; the sac being collapsed so that the long opening into the spinal canal could be distinctly felt. This perfect obliteration of the tumor was, however, effected under the use of firm and steady pressure. Immediately after that report was made, the public authorities removed the patient from under my care to the county poor house where the pressure was entirely discontinued. Under this state of things, the tumor re-appeared, and attained, after a time, half its original size, as near as I could learn. I then requested Dr. Huber, the physician of the poor house, to apply the same remedy as before; which he did, with the exception that the regulations of that establishment were not such as to permit of pressure being used. This I did not regret, as of those who had witnessed the for-

mer treatment, some have considered the improvement to be due to the pressure alone, while others, admitting the good effect of the injection, consider it, nevertheless, as a dangerous operation. It was, therefore, fortunate that so favorable a case should present, in which the effect of the tr. iodine could be tried alone. That  $\text{3j}$ , of a solution of the strength given below or  $\text{3jss}$  of double strength, could be injected repeatedly into the sac of the arachnoid membrane, without producing more than "slight febrile symptoms," will doubtless surprise some whose views of the extreme sensitiveness of serous membranes, are formed from their actions in a state of health.

It is, however, in accordance with all we know of the action of irritants upon serous surfaces upon which dropsical effusions take place, in which the production of the inflammation is difficult in direct proportion to the amount of distention and the length of time it has existed.

The case being now cured, so far as the obliteration of the sac is concerned, it will only remain to endeavor to remedy the imperfect action of the muscular and nervous systems, indicated by the incontinence of the urine and feces, and the weakness of the lower limbs. For this purpose we have requested Dr. Huber to administer the 20th of a grain of strychnine thrice daily until its specific action is induced. By then discontinuing it and renewing after a few days so as to keep the system under its influence most of the time for many months, there is good reason to hope that a favorable result may be obtained.

*Dear Sir:*—After the case of spina bifidia came into my hands, I continued the treatment which you had begun.

I injected the tumor thirteen times, viz.: May 3, 10, 20; June 15, 22; July 14; August 10, 15, 25; September 5, 16, 26; and October 20, 1848. The injection for the first four times was of the strength of four grains iodine and sixteen grains iodide potassium to  $\text{3j}$  distilled water, beginning with  $\text{3jss}$  and

increased to 3ijj at the fourth injection, the sac had then become so much contracted, that the latter quantity could with difficulty be forced in, I therefore doubled the strength of the solution and injected but 3jss. As the sack decreased the difficulty of forcing in the liquid increased, so that on the last three or four occasions, upon removing the syringe I found it full above the piston, the resistance to the entrance of the; liquid into the tumor having forced it back.

For the first three times I used a small trocar and canula the walls of the tumor had by this time become so thickened by the deposit of lymph on their interior, that the trocar could not conveniently be forced through. I then substituted a darning needle, set into a handle, into the puncture of which I introduced the point of the fistula lachrymalis syringe.

The tumor is now one and a half inches in its smaller, and one and three fourth inches in its larger diameter, projecting about three fourths of an inch; its surface is irregularly nodulated and very firm, seemingly semi-cartilaginous, creaking when pierced by the needle.

After the first two operations, the child had some slight febrile symptoms, but not since. She has improved in the use of her lower extremities, being now able to walk across the room. Her capability of retaining the contents of her rectum and bladder has slightly improved.

So far as regards the tumor, I consider the cure complete. The shrunken and thickened sac confining the serum perfectly in the cavity of the spine, and offers much encouragement in the treatment of these hitherto hopeless cases.

Yours respectfully,

H. S. HUBER.

CHICAGO, Jan. 23, 1849.

P. S. I consider the injection as the cause of the improvement, as I could not get pressure applied so as to be of any service. I think if pressure had been steadily and regularly applied it would have much expedited the cure. H. S. H.

## Part 2.—Reviews and Notices of New Works.

### ARTICLE I.

*Essays on Infant Therapeutics*—to which are added Observations on Ergot, and an account of the origin of the use of Mercury in Inflammatory Complaints. By JOHN B. BECK, M. D., Prof. Mat. Med. and Med. Jurisprudence in the Colleges of Physicians and Surgeons of the University of the State of New York, &c., &c. pp. 117, 12mo. New York, W. E. Dean, printer and publisher, 1849.

This series of essays, comprising one on each of the subjects of the use of Opium, Emetics, Mercury, Blisters, and Bloodletting, in the young subject; which we have had the pleasure of laying before our readers in former numbers of the Journal, with the additional articles specified in the title, form the neatly got up little volume before us. As our readers are aware, it forms a valuable contribution to the literature of the medical profession. No praise of ours, however, could add to the well deserved reputation of these essays, as they are so extensively known and highly appreciated already. E.

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### ARTICLE II.

*Report of the Standing Sanatory Committee of the Board of Health of the City of New York, on the subject of Asiatic Cholera, at present prevailing at the Quarantine Establishment of New York, at Staten Island.* pp. 24, octavo.

This is a report of the cholera as it was recently prevailing at New York, and shows the manner of its commencement on board the ship New York seven days previous to her arrival at

quarantine. The cases during this week were seven, all of which proved fatal. The vessel lay without landing her passengers from Friday night until Sunday noon, during which time there occurred twelve new cases.

There appears to have been used every precaution to prevent the spread of the disease.

The symptoms of the disease, as it prevailed for about two weeks after the landing, were those that our readers are familiar with as those of Asiatic Cholera. Dr. Whiting, the author of the report, and health officer at quarantine, says :

In this disease there has been but one stage—that of collapse—although every pains have been taken to detect the first deviations from health, directions given to all to communicate them at once, and persons employed to inspect them constantly, and a physician to pass among them at all hours of the night and day. The first intimations are the extreme symptoms, defying the most prompt and decided remedies.

In reference to the cause of the disease, there seems to be nothing more intelligent than in reference to cholera generally heretofore ; the report says on this head :

The only one that may be adduced, is the depressing influence of grief at being driven from their homes and flourishing trades ; but this is not apparent in their appearance or manner. They enjoyed promiscuously with the other passengers, the best accommodations, and I am assured by Capt. Lines, that their fare was the same with the other passengers.

I have examined their provisions on board ship, casks of bacon, rice, flour, beans, biscuit and potatoes, unheaded and exhibited to me, as it has been dealt to them, and I am sure that more wholesome or sweeter provisions could not be provided.

They are all healthy and robust—have not been exposed to the cholera at home, and have since leaving their port of departure, shared equally with the exempt, the comforts and privations of a sea voyage, variations of wind and weather, have breathed the same air, and fed on the same food.

In reference to treatment, it certainly cannot be regarded as very flattering ; as about one half of the cases attacked

died : that is, of sixty three cases, twenty-nine died. There is, however, a great difference between the results of the first and last cases. Of the first thirty cases, twenty died ; while of the thirty-three occurring after the 11th of December, only nine proved fatal, owing to the improvement in the plan of treatment, or change in the character of the disease. As the remarks upon treatment are of more importance, bearing upon the course to be pursued should it prevail, we quote the conclusions to which the Doctor comes, without comment :

From the results of the first thirty cases, and post mortem revelations, I became convinced that the stimulating plan was not the treatment for *this* cholera, and abandoned at first the mustard, then the capsicum, ammonia, brandy, wine whey, etc., and relied on calomel in large doses, with opium, Dover's powder, and camphor.

With regard to camphor, even though it has been always lauded, and by some as *the specific* in cholera, I entertain suspicions of its utility.

The treatment I have now adopted and adhere to, from its decided agency in controlling the symptoms and inducing early reaction, is the exhibition of moderate doses of calomel, with morphine, at short intervals. Five grains of calomel, with a quarter of a grain of sulph. morphia, is at first given to an adult ; in a half of an hour, or one hour, a scruple dose of calomel is exhibited, and is usually retained ; afterward, a pill of Cal. grs. v, Sulph Morphine gr  $\frac{1}{4}$ , is given each hour, two hours or three hours, as the effect may indicate. This is observed in the subsidence of the pain and spasms, the diminished quantity and frequency of the evacuations, the return of warmth, and the restoration of the pulse.

This treatment is continued until some indications of bilious action appear ; the first is usually a change of color and consistence from the light, thin, rice water, to a greenish, and then brown or brownish yellow color. The evacuations from the stomach and bowels will frequently continue green, or of the color of sulphate of copper, for hours, but I have not known a single case to relapse where this effect had once been produced.

I was led to substitute the morphine for opium, from its being less liable to disturb the stomach or to produce narcosis, an effect to be deprecated in this stage of congestion, except it result naturally from the obviation of pain and excitement.



In children, however, under six or seven years, I have used Dover's powder in preference to morphine, as being more manageable in regard to the dose. A very simple remedy, but one that I have used in children with happy effects, has been the tea of the spearmint, given hot in the first stages, and afterwards cold, in a small quantity, a large spoonful occasionally.

The most valuable external means is the stream of hot vapor of alcohol, poured over the patient by a very simple apparatus at the foot of the bed. This is a large alcohol lamp placed under a sheet iron cylinder, with a pipe running from it. The lamp is placed on the floor, and the tube with an elbow, and terminating in a large funnel to elevate the clothes.

This and hot mustard applications are the only external means that I rely on. They are potent, and can be continued without the fatigue or exposure of the patient, a paramount desideratum, as there is plenty of both to contend with as the inevitable effects of the disease.

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#### ARTICLE III.

*Fourth Annual Report of the Commissioners and Superintendent of the Hospital for the Insane to the General Assembly of the State of Indiana.* Indianapolis: J. D. Defrees, State Printer. (From Dr. Patterson, Superintendent.)

This institution, since the date of the report before us, (Nov. 1st, 1848,) has gone into operation so far as to receive between forty and fifty patients. Every feature of its operations looks right, except the apparatus for heating and ventilation, which have not yet been put into successful operation as we are informed; but we have no doubt they will work well as soon as provisions are made for building fires large enough to produce the requisite amount of heat for warming, and consumption of air sufficient for ventilation.

As the management of such an institution devolves almost



exclusively upon the resident officers, and especially upon the superintendent and physician, it is a matter of the greatest importance that they should be well chosen. In this respect we have the highest hopes for the success of this young institution.

R. J. Patterson, M. D., superintendent and physician to the institution, has had five years experience in the treatment of insanity in the largest and most successful institution in the west, (Ohio Lunatic Asylum,) and is eminently endowed with the qualities of head and heart to enable him to fulfil the duties of his responsible post with profit to the unfortunate sufferers from mental alienation, and credit to himself and the institution under his care.

John Nutt, M. D., assistant physician, was a member of the graduating class of Rush Medical College for 1848. He is intelligent, industrious, energetic, kind in disposition, and affable in manners; so that he may be regarded as well suited for his situation.

Mrs. Laura Ann Elliott, matron, having filled the same important station in the Ohio Lunatic Asylum for several years, with great success and entire satisfaction, enters upon the office in this institution understanding the duties and appreciating the responsibilities of the place fully. She is a lady of a strong mind, refined and agreeable manners, steady and firm in her purposes, kind in her disposition, and devout in her christian character. That she will continue to be such a matron as the mother would be willing to trust with the care of her daughter, and the husband his wife when insane, we have not a doubt.

Such is the organization of this institution, and bright the prospect of its career of usefulness.

The large number of applications that cannot be received, show the necessity for completing other parts of the building at an early day.

E.

## ARTICLE IV.

*First Biennial Report of the Trustees of the Illinois State Hospital for the Insane. (To the General Assembly.)*

This institution, now in process of erection situated one mile south of Jacksonville, Illinois, was commenced in the summer of 1847, and now has the foundation permanently and, we are informed, substantially laid. The document before us is made up principally of accounts in reference to procuring information and business details.

The plan of the building at Indianapolis, with some slight alterations by the board was adopted; but as the proportions of the building with a high foundation such as has been laid, will be improved by it, and the probable wants of the state for a number of years, met, it is hoped that instead of spoiling a whole story by making it low to be called a "basement," the trustees will so far alter the plan as to reduce it to three stories, and have no basement. This may be done with more propriety, as there is a cellar under the whole building already. All considerations of economy should be secondary to the arrangement of such a building for the comfort and cure of patients, and the convenience of surveillance; and no expense should be spared to make it right while being constructed, as blunders here are irremediable; but by this proposed change, a very heavy expense in making rooms not very suitable for patients would be saved, and the institution would be ready for the admission of patients at least one year earlier than otherwise; certainly points of much importance.

Dr. James M. Higgins was elected superintendent on the 12th of August last. His term of office is, by law, ten years, but he does not enter upon the duties until this spring or at the pleasure of the board as to time.

A code of by-laws for the government of the institution while being built is published, which we think very good.

The whole amount expended up to the date of the report for materials, work, etc., as shown by the treasurer's statement, is \$13,121 54.

It is to be hoped that no delay will be allowed to prevent a speedy completion of at least a part of the building so as to allow of the reception and treatment of patients. E.

#### ARTICLE V.

##### *Introductory Lectures, for the Sessions of 1848-9,*

By JAMES BLAKE, M. D., Prof., &c., St. Louis University.

" GEO. R. GRANT, Med. Prof., &c., Memphis Med. College.

" By SAMUEL HENRY DICKSON, M. D., Prof., &c., New York University.

" JOHN WILTBANK, M.D., Prof., &c., Pennsylvania Col.

" FREDERICK MERRICK, A. M., M. D., Prof., &c., Starling Med. College.

" E. S. COOPER, M. D., Peoria Medical Courses. (private.)

Prof. Blake's introductory, the first of these, is an account of some of the encouragements that attend the prosecution of the study of medical science, with clear reasoning upon their tendencies, and some advice in reference to the best plan of study to avoid fallacies, both in regard to the observance of facts and drawing conclusions from them.

Prof. Grant's, after arguing the importance of starting right, and of system in efforts at study, gives short biographical sketches of some of the most eminent men of our profession in former times, such as Harvey, Sydenham, Boorheave, Hoffman, William and John Hunter, Cullen, Jenner, Rush, Physick, and Depuytren, with a view of showing his class

the importance of constant and continued application, and to hold out inducements to them to aim high and devote themselves to the profession.

Prof. Dickson's is upon the subject of Hygiene, which is treated under the following heads: 1st. The physical education of the young. 2d. Personal Hygiene—the course of life of the individual. 3. Public or municipal hygiene, not inaptly treated of by a recent writer as “the political economy of health.”

It contains a large collection of interesting facts on the subject of hygiene, and many important practical suggestions in reference to education of children, influence of climate, personal cleanliness, quarantine, and public regulations, in reference to density of population in our large cities.

The first of these points, the impropriety of urging children forward in walking or mental exercise in early infancy, is correctly dwelt upon. And when children are sent to school, the following rules are advised:

I would regulate the hour of study in a general ratio to the age of the child; between three and five years of age, three hours a day of school discipline are as much as can be allowed; from five to ten, we may impose five hours daily of study and confinement, but no more; from ten to fourteen, six or seven hours may be spent in preparing and reciting lessons, and in undergoing all instruction and practice in whatever departments. Sir Thomas More, in his exquisitely imagined Utopia, does not allow more than seven hours of regular labor to be allotted to any one.

I fully agree with the venerable author above quoted in questioning the propriety of “the application of the system of rivalry,” as he phrases it, “to the softer sex;” of arousing in them the spirit of emulation—the ambition to excel. He speaks charmingly of the success of principles and motives of higher character and better adapted to these more pliant subjects—the force of reason, the sense of duty, the desire to be loved, and the patient and kindly influence of the good teacher.

If I admitted of the distribution of premiums at all among girls, it should be for gentleness, docility, goodness; but for no

form of cleverness. Among boys there is no substitute for the great motive of the manly breast—ambition; but it must not be too strongly stimulated. Applying it cautiously, I would always aid it with the most familiar impelling power of the older world, a favorite clearly of the wise Solomon—the time honored rod, which it is too much the fashion of the present day, and in the western hemisphere especially, to neglect.

Upon the second point, after speaking in glowing terms of the conquests of our race in overcoming the barriers to its progress found in the burning rays of the torrid zone, and the extreme coldness of the polar regions, he says:

But I would abandon, after due exertion, every unreasonable and hopeless enterprize. I would leave to the savage tribes, fitted by the very inferiority of their attributes to roam over the wilds of the great American deserts of Oregon, of New Mexico, and of California, these desolate domains; I would cease to contest with the Bedouin for his torrid sands, and to the African I would abandon the unmolested enjoyment of his thick mangrove jungle, and steaming morass. The sacrifice of life and health in the Eastern Colonies of the British, in their attempts to fix themselves upon the Coast of Guinea, and the Islands of the Western Archipelago, and in their commercial explorations of the Niger and Tsadda, offer abundant warning of the absolute impossibility of success in similar projects, and show the insurmountable opposition of climatic influences. Yet the energy of our Anglo-Norman character is so irrepressible that I should feel no surprise at learning that an expedition was on foot to make a settlement upon the icy promontories of Boothia Felix, or invade the Abyssinian mountains. It is our “manifest destiny” to roll our restless waves of burning life against every barrier, and to dash ourselves into foam against every obstacle over which we cannot sweep in triumph and success.

It is certain that in reference to the American localities here specified, we have no marks of insalubrity to deter us from carrying the conquests of civilization over them and of planting there colonies—yes, great and populous states—of Anglo-Norman inhabitants. On the contrary, from the tide of emigration now set in the direction of those *desert wilds*,

we fancy that should this proposition to abandon them to the savage tribes, whose inferiority fits them for the country, fall into the hands of inhabitants of those countries or even of the author himself five years hence, they would have great difficulty in admitting that such sentiments could have been advanced so late as the winter of 1848-9. In fact, we have serious doubts if there be any country for the occupancy of which superiority disqualifies man; on the contrary, knowledge of science and art enables him to protect and take care of himself so as to profitably occupy situations otherwise uninhabitable to man. True, a change of climate is frequently fatal; but where is the spot upon which the Caucasian cannot as well as any other variety of the human family—yes, better—live and thrive, after acclimation or where reared on the spot?

After speaking of the causes of the greater prevalence of insanity in the northern states of America than elsewhere, which he correctly attributes to constant and intense application, the Sabbath, that divine hygienic regulation for the relief of wearied nature, is described in beautiful colors.

He thinks we as a nation bathe less than the inhabitants of most other civilized countries. The following are pertinent remarks:

I attribute to this defect of personal nicety, of which I am now speaking, many or most of the peculiarities of habits and manners that have laid us open to foreign criticism—a criticism under whose taunts we wince with special and morbid sensitiveness.

In the advancing settlements of our new country, much may be pardoned to the condition and circumstances of the pioneer. But surely, under any contingencies, a Christian should wash his hands as often as a Musselman, or a Hindoo. Cool springs and running streams abound almost everywhere in our inhabited territory, whether of forest or prairie land, and our chief cities are supplied with fountains in royal munificence.

From neglect of these matters flows naturally a culpable-indifference to the neatness of clothing, the house, the table, and all other domestic arrangements. All these points of habit are consistent, and we can thus account for the nuisance of



stained and slippery floors of the masticators of tobacco, which offend so many of our senses.

After showing the great increase of morality and consequent shortening of the period of human life by the privations and moral pollutions of crowding human beings too closely together, by statistics of the most densely populated districts of Liverpool, London, and Boston, he shows the importance of legal enactments against such dense population, and especially that "all domiciliation in cellars be absolutely forbidden," observing that "these caves are unfit for the residence of domestic animals and fatal to man."

Altogether, it is a very instructing and highly interesting document.

A Plea for Obstetrics, is the title of Prof. Wiltbank's lecture. It is a clear and just statement of the importance of this branch of medicine. He shows it to be the most important to the practitioner on account of the great numbers of the population interested—all the women and children. Not only so, but future generations are to be born by the laws upon which it is founded, deviations from which it is designed to correct, and because the knowledge required is liable to be called into requisition in any case, having no time for preparation.

He shows too that the cultivation of obstetrics as a science, though it is younger than any other branch of our profession, has rewards equal to other departments for its votaries. He instances the eminent men of our own country, and shows correctly that amongst them all, there is no one who has acquired such a world-wide reputation as Dr. Dewees, a eulogium upon whose character closes the lecture.

Prof. Merrick's lecture is an exhortation to application in search of truth, with many good practical directions and pleasing encouragements. It is in fluent, chaste, and pleasing style, well calculated to gratify and profit his class.

Dr. Cooper's address shows energy of character in the author; and the plan for pursuing anatomical studies he has



marked out, by forming a private class, is a good one. It would be well for the profession if private preceptors generally devoted more time to the instruction of students, as it would improve both. The Doctor is a little mistaken in reference to his character as a pioneer in the work of giving private courses, with dissections. Classes were assembled for such purposes in different places in the west, within our knowledge several years ago.

In setting forth the advantages offered by his course, Dr. Cooper says the dissections will continue as long as the weather will permit, which will enable them to acquire a proficiency seldom met with, and "during the course you will have an opportunity of witnessing and assisting in the performance of most of the important surgical operations on the dead subject, which will not only give you a delight in surgery, taking it as science, but it will overcome any natural repugnance which you may have to cutting human flesh, which is indispensable to your success as operative surgeons."

We have received Dr. Yandell's lecture, but unfortunately it has either been carried off or misplaced. E.

#### ARTICLE VI.

*A Text Book of Practical Anatomy.* By ROBERT HARRISON, M. D., M. R. I. A., F. R. C. S. I., &c., with additions by an American Physician; with numerous illustrations. pp. 720. N. York, S. S. & W. Wood, 1848; (from the publishers, by express.)

This is the new edition of the Dublin Dissector, enlarged by additions "under the supervision of Robert Watts, jr., M. D., Prof. of Anatomy in the College of Physicians and Surgeons of the University of the State of New York." The idea of making a text book of anatomy, suited for a dissector by being so arranged that the parts can be examined in turn

as they are treated of in the work, occurred to us long ago as the thing that was wanted. We see that some of our contemporaries speak slightly of the work of changing a Dissector to be a system of anatomy. Ours be it to praise the effort. The dissector or system of *practical* anatomy is the work to make anatomists. The study of anatomy is a dry business in any other than the *practical* way; but thus, well may the student fancy he is repeating the "hymn of praise to the Almighty." Although we have many excellent text books on anatomy already, we cannot say there is not room for this. Not having examined the work in its details, we cannot speak of the additions that have been made; but Prof. Watts' reputation as an anatomist, is a guarantee that they are valuable.

E.

#### ARTICLE VII.

*Medical Lexicon of Modern Terminology.* Being a complete Vocabulary of Definitions, including all the Technical Terms employed by Writers and Teachers of Medical Science at the present day, and comprising several hundreds of words not found in any other Dictionary. Designed for the use of Students and Practitioners. Second Edition, greatly enlarged. By D. MEREDITH REESE, M. D., L. L. D., Resident Physician of Bellevue Hospital New York, Editor of Cooper's Surgical Dictionary, etc. pp. 233, 18mo. New York: S. S. and W. Wood. 1848. (From the Publishers, by Express.)

From the extent of title page used in setting forth the character of this work, one would be induced to expect to find it, a huge overgrown dictionary, filling volumes. But, instead of this, it is a neat little book, that you can buy for a small sum and carry in your pocket without inconvenience. We have had the pleasure of occasionally referring to it for a definition, and it has, in every case, proved satisfactory. The call for a second edition speaks well for its merits. E.

## ARTICLE VIII.

*Annual Circular of the Medical Institution of Geneva College,  
Spring Course to Commence March 14th 1848.*

A change has been made, as we learn by this document, in the time of commencing the annual course of lectures in this Institution, so that the term will hereafter be during the sixteen weeks immediately following the second Wednesday of March.

An impression that had obtained to some extent, that the members of the faculty who are connected with the Buffalo University, designed retiring from their connection with this institution is corrected as "no such intentions exist."

## ARTICLE IX.

*Lectures on the Theory and Practice of Physic.* By JOHN BELL, M. D., Member of the Amer. Med. Association &c., &c., and by WILLIAM STOKES, M. D., Lecturer at the Medical School, Park Street, Dublin; Physician to the Meath Hospital, &c., &c. Fourth Edition, revised and enlarged. In two volumes, pp. 1760. Philadelphia: Ed. Barrington and Geo. D. Haswell, 1848. (From the Publishers and for sale by Keenes, Chicago.)

The fourth edition of this excellent standard work, comes to us revised and enlarged by the American contributor. It is with great propriety termed Bell and Stokes' Practice, instead of the title under which it was at first issued, (Stokes and Bell's,) since Dr. Bell has contributed nearly four fifths of the matter contained in the present edition. The new articles in this edition are on diseases of the eyes, diseases of the blood-vessels, and dropsy. Besides these, the author tells us in his preface that several of the most important subjects, such as "epidemic cholera, diseases of the urinary

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organs, of the female organs of generation, pulmonary consumption, diseases of the heart, meningitis (simple and tubercular), the exanthemata, and fevers," have been recast.

It is now as complete a system of practice as any extant, and has, for some time been recommended, as a text book, in several of the best medical institutions in the country.

E.

#### ARTICLE X.

*A System of Clinical Medicine.* By ROBERT JAMES GRAVES, M. D., one of the Physicians of the Meath Hospital and County of Dublin Infirmary; formerly Professor of the Institutes of Medicine, &c., &c. With notes and a series of lectures, by W. W. GERHARD, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania, one of the Physicians to the Pennsylvania Hospital, &c., &c. Third American Edition. pp. 751 Svo. Philadelphia: Ed. Barrington & Geo. D. Haswell, 1848. (From the Publishers—for sale at Keenes', Chicago.)

This work stands decidedly approved by the American Medical Public. Clinical Medicine is, in fact a very important feature of the subject of practice; and as this work occupies the field almost alone, it is not surprising that it should be in such active demand, as to require this new edition.

This edition is made from the recent and much enlarged European edition of Dr. Graves' lectures.

We can most heartily recommend the work before us as one containing a large amount of the best information on the subject of practice in many of the diseases prevalent in Europe and America.

E.

### Part 3.—Selections.

#### ARTICLE I.

##### *Passage of an Iron Rod through the Head.*

*To the Editor of the Boston Med. Surg. Journal:*

DEAR SIR—Having been interested in the reading of the cases of "Injuries of the Head," reported in your Journal by Professor Shipman, of Cortlandville, N. Y., I am induced to offer you the notes of a very severe, singular, and, so far as the result is taken into account, hitherto unparalleled case, of that class of injuries, which has recently fallen under my own care. The accident happened in this town, upon the line of the Rutland and Burlington Railroad, on the 13th of September last, at 4½ o'clock, P. M. The subject of it is Phineas P. Gage, a foreman, engaged in building the road, 25 years of age, of middle stature, vigorous physical organization, temperate habits, and possessed of considerable energy of character.

It appears from his own account, and that of the bystanders, that he was engaged in charging a hole, preparatory to blasting. He had turned in the powder, and was in the act of tamping it slightly before pouring on the sand. He had struck the powder, and while about to strike it again, turned his head to look after his men (who were working within a few feet of him,) when the tamping iron came in contact with the rock, and the powder exploded, driving the iron against the left side of the face, immediately anterior to the angle of the inferior maxillary bone. Taking a direction upward and backward toward the median line, it penetrated the integuments, the masseter and temporal muscles, passed under the zygomatic arch, and (probably) fracturing the temporal portion of the sphenoid bone, and the floor of the orbit of the left eye entered the cranium, passing through the anterior left lobe of the cerebrum, and made its exit in the median line, at the junction of the coronal and sagittal sutures, lacerating the longitudinal sinus, fracturing the parietal and frontal bones extensively, breaking up considerable portions of brain, and protruding the globe of the left eye from its socket by nearly one half its diameter. The tamping iron is round, and ren-

dered comparatively smooth by use. It is pointed at the end which entered first, and is three feet seven inches in length, one and a quarter inch in diameter, and weighs  $13\frac{1}{4}$  pounds. I am informed that the patient was thrown upon his back, and gave a few convulsive motions of the extremities, but spoke in a few minutes. His men (with whom he was a great favorite,) took him in their arms and carried him to the road, only a few rods distant, and sat him into an ox cart, in which he rode, sitting erect, full three quarters of a mile, to the hotel of Mr. Joseph Adams, in this village. He got out of the cart himself, and, with a little assistance, walked up a long flight of stairs, into the hall, where he was dressed.

Being absent, I did not arrive at the scene of the accident until near 6 o'clock, P. M. You will excuse me for remarking here, that the picture presented was, to one unaccustomed to military surgery, truly terrific; but the patient bore his sufferings with the most heroic firmness. He recognized me at once, and said he hoped he was not much hurt. He seemed to be perfectly conscious, but was getting exhausted from the hemorrhage, which was very profuse both externally and internally, the blood finding its way into the stomach, which rejected it as often as every 15 or 20 minutes. Pulse 60, and regular. His person, and the bed on which he was laid, were literally one gore of blood. Assisted by my friend, Dr. Wilson, of Proctorsville, who was first called to the patient, we proceeded to dress the wounds. From their appearance, the fragments of bone being uplifted and the brain protruding, it was evident that the fracture was occasioned by some force acting from below upward. The scalp was shaven, the coagula removed, together with three small triangular pieces of the cranium; and in searching to ascertain if there were other foreign bodies there, I passed in the index finger its whole length, without the least resistance, in the direction of the wound in the cheek, which received the other finger in like manner. A portion of the anterior superior angle of each parietal bone, and a semi-circular piece of the frontal bone, were fractured, leaving a circular opening of about  $2\frac{1}{2}$  inches in diameter. This examination, and the appearance of the iron, which was found some rods distant smeared with brain, together with the testimony of the workmen, and of the patient himself, who was still sufficiently conscious to say that "the iron struck his head and passed through," was considered at the time sufficiently conclusive to show not only the nature of the accident, but the manner in which it occurred.



I have been asked why I did not pass a probe through the entire extent of the wound at the time. I think no surgeon of discretion would have upheld me in the trial of such a fool-hardy experiment, in the risk of disturbing lacerated vessels, from which the hemorrhage was near being staunched, and thereby rupturing the attenuated thread by which the sufferer still held to life. You will excuse me for being thus particular, inasmuch as I am aware that the nature of the injury has been seriously questioned by many medical men for whom I entertain a very high respect.

The spiculae of bone having been taken away, a portion of the brain, which hung by a pedicle, was removed, the larger pieces of bone replaced, the lacerated scalp was brought together as nearly as possible, and retained by adhesive straps, excepting at the posterior angle, and over this a simple dressing—compress, night-cap, and roller. The wound in the face was left patulous; covered only by a simple dressing. The hands and fore arms were both deeply burned nearly to the elbows, which were dressed, and the patient was left with the head elevated, and the attendants requested to keep him in that position.

10 P. M., same evening.—The dressings are saturated with blood, but the hemorrhage appears to be abating. Has vomited twice only since being dressed. Sensorial powers remain as yet unimpaired. Says he does not wish to see his friends, as he shall be at work in a day or two. Tells where they live, their names, etc. Pulse 65; Constant agitation of the lower extremities.

14th, 7, A. M.—Has slept some; appears to be in pain; speaks with difficulty; tumefaction of face considerable, and increasing; pulse 70; knows his friends and is rational. Asks who is foreman in his pit. Hemorrhage internally continues slightly. Has not vomited since 12 M.

15th, 9 A. M.—Has slept well half the night. Sees objects indistinctly with the left eye when the lids are separated. Hemorrhage has ceased. Pulse 75.

8 P. M., same day.—Restless and delirious; talks much, but disconnectedly and incoherently. Pulse 84, and full. Prescribed *vin. colchicum*, f ʒss every six hours until it purges him. Removed the night cap.

16th, 8 A. M.—Patient appears more quiet. Pulse 70. Dressed the wounds, which in the head have a foetid sero-purulent discharge with particles of brain intermingled. No discharge from the bowels. Ordered *sulph. magnesia*, ʒj,



repeated every four hours until it operates. Iced water to the head and eye. A fungus appears at the external canthus of the left eye. Says "the left side of his head is banked up."

17th, 8 P. M.—Pulse 84. Purged freely. Rational, and knows friends. Discharge from the brain profuse, very foetid sanious. Wound in face healing.

18th, 9, A. M.—Slept well all night, and lies upon his right side. Pulse 72; tongue red and dry; breath foetid. Removed the dressings, and passed a probe to the base of the cranium, without giving pain. Ordered a cathartic, which operated freely. Cold to the head. Patient says he shall recover. He is delirious, with lucid intervals.

19th, 7 P. M.—Has been very restless during the day, skin hot and dry; tongue red; excessive thirst; delirious, talking incoherently with himself, and directing his men.

20th and 21st.—Has remained much the same.

22nd, 8 A. M.—Patient has had a very restless night. Throws his hands and feet about, and tries to get out of bed. Head hot. Says "he shall not live long so." Ordered a cathartic of calomel and rhubarb, to be followed by castor oil, if it does not operate in six hours.

4 P. M. same day.—Purged freely twice and inclines to sleep.

23d.—Rested well most of the night and appears stronger and more rational. Pulse 80. Shaved the scalp a second time, and brought the edges of the wound in position, the previous edges have sloughed away. Discharge less in quantity and less foetid. Loss of vision of left eye.

From this time till 3d of October, he lay in a semi-comatose state, seldom speaking unless spoken to, and then answering only in monosyllables. During this period, fungi started from the brain, and increased rapidly from the orbit.

To these were applied nitrate of silver cryst., and cold to the head generally. The dressings were renewed three times in every twenty-four hours; and in addition to this, laxatives combined with an occasional dose of calomel, constituted the treatment. The pulse varied from 70 to 96—generally very soft. During this time an abscess formed under the frontalis muscle, which was opened on the 27th, and has been very difficult to heal. Discharged nearly  $\frac{3}{4}$  viij at the time it was punctured.

Oct. 5th and 6th.—Patient improving. Discharge from the wound and sinus, landable pus. Calls for his pants and wishes

to get out of bed, though he is unable to raise his head from the pillow.

7th.—Has succeeded in raising himself up, and took one step to his chair and sat down about five minutes.

11th.—Pulse 72. Intellectual faculties brightening. When I asked him how long since he was injured, he replied "four weeks this afternoon, at 4½ o'clock. Relates the manner in which it occurred, and how he came to the house. He keeps the day of the week and time of day, in his mind. Says he knows more than half of those who inquire after him. Does not estimate size or money accurately, though he has memory as perfect as ever. He would not take \$1000 for a few pebbles which he took from an ancient river bed where he was at work. The fungus is giving way under the use of the crys. nitrate of silver. During all this time there has been a discharge of pus into the fauces, a part of which passed into the stomach, the remainder being ejected from the mouth.

20th.—Improving. Gets out and into bed with but little assistance. Sits up thirty minutes twice in twenty-four hours. Is very childish; wishes to go home to Lebanon, N. H. The wound in the scalp is healing rapidly.

Nov. 8th.—Improving in every particular, and sits up most of the time during the day. Appetite good, though he is still kept upon a low diet. Pulse 65. Sleeps well, and says he has no pain in the head. Food digests easily, bowels regular and nutrition is going on well. The sinus under the frontalis muscle has nearly healed. He walks up and down stairs, and about the house, into the piazza, and I am informed this evening that he has been in the street to-day. I leave him for a week, with strict injunctions to avoid excitement and exposure.

15th.—I learn on inquiry, that Gage has been in the street every day except Sunday, during my absence. His desire to be out and to go home to Lebanon has been uncontrollable by his friends, and he has been making arrangements to that effect. Yesterday he walked half a mile, and purchased some small articles at the store. The atmosphere was cold and damp, the ground wet, and he went without an overcoat and with thin boots. He got wet feet and a chill. I find him in bed, depressed, and very irritable. Hot and dry skin; thirst; tongue, coated; pulse 110; lancinating pain in left side of head and face; rigors, and bowels constipated. Ordered cold to the head and face, and a black dose to be repeated in six hours, if it does not operate. He has had

spiculae of bone pass into the fauces, which he expelled from the mouth within a few days.

16th, A. M.—No better. Cathartic has operated freely. Pulse 120; skin hot and dry; thirst and pain remain the same. Has been very restless during the night. Venesec. f 3xvj. Ordered calomel grs. x, and ipecac. grs. ij, followed in four hours by castor oil.

8 P. M. same day.—Purged freely; pulse less frequent; pain in head moderated; skin moist. R. Antim. et potassa tart. grs. ij; syr. simplex, f 3vj. Dose a dessert spoonful every four hours,

17th.—Improving. Expresses himself as feeling better in every respect; has no pain in the head.

18th.—Is walking about the house again; says he feels no pain in the head, and appears to be in a way of recovering if he can be controlled.

At this date I shall leave the case at present. The result, and a few remarks of a practical nature, together with the mental manifestations of the patient, I reserve for a future communication. I think the case presents one fact of great interest to the practical surgeon, and, taken as a whole, is exceedingly interesting to the enlightened physiologist and intellectual philosopher. In my effort to be brief, which I fear you will think an utter failure, I have omitted much in my notes that might interest some readers. Allow me to say here, that I have seen a communication in "The Reflector and Watchman," stating that "there is a piece of bone loose in the top of his head, as large as a dollar, which will have to be removed should he live." The fractured portions of bone, excepting those which were removed at the first dressing, have united firmly, and the above remark was made unadvisedly. Should you think these notes of sufficient importance to deserve a place in your Journal, they are at your service.

Yours, very respectfully,

Cavendish, Vt., Nov. 27, 1848.

J. M. HARLOW.

## ARTICLE II.

*Cholera in New Orleans.*

[The following is extracted from a letter addressed to Dr. A. Brigham, Superintendent of the State Lunatic Asylum, Utica, New York, by Dr. Wederstrandt, of the Charity Hospital, New Orleans. It was not intended for publication; but in the peculiar and threatening aspect which the Asiatic cholera has assumed in the Southwestern portion of our country, it is thought by Dr. Brigham, to whose kindness we are indebted for the letter, of sufficient importance for publication. It is the first and only account we have seen, from a reliable source, of the disease in New Orleans, and we therefore take the earliest opportunity of presenting it to our readers.—*Bost. Med. & Surg. Journ.*]

On the 12th of the present month, the cholera broke out in this hospital. The two first cases were a man and a woman, who were brought, in the last stage of the disease, from the ship Swanton, which had just arrived from Havre. This vessel left Havre with all the passengers and crew in good health, neither was the cholera in that port when she left; but some of the passengers were from a part of Germany where the cholera was raging. When at sea two weeks, the disease broke out on board, and 17 persons died in a few days, and were thrown overboard. At the time she reached here, but two were sick on board, and they were brought to this hospital. The very next day numerous cases appeared all over the city, but principally in the houses nearest to the shipping, or among persons employed on the wharves. Since the middle of this month [December] we have admitted between 40 and 50 persons with this disease every day; upwards of 50 cases have originated in the house among the convalescents of other diseases and the attendants; three of the washerwomen have taken the disease, and two have died. The disease here seems to consist of three stages in most cases: first a feeling of malaise and diarrhoea; next comes on the vomiting and purging of rice water discharges, and cramps; thirdly, the cold stage, with the clammy sweat and suppression of urine. The intelligence remains intact until very late. The disease has proved fatal here in so short a time as three hours. Oftener it is protracted to twelve and fifteen, and rarely beyond twenty-four hours. The violence

of the pain in the stomach, and vomiting and purging, does not always afford a criterion for an unfavorable prognosis, for many patients recover rapidly in a few hours after being so attacked, declaring themselves nearly as well as ever. About half an hour after death, the body, which was as cold as ice just before, becomes as warm as in health; and the cramps or contractions of the muscles, which annoyed the patient so much during life, continue for at least half an hour, and in some cases nearly an hour, after death.

During the first days of the epidemic, nearly all the cases proved fatal; but within the last few days it seems to be rather on the decline, as our admissions and deaths have decreased, and we begin to number many cures, or rather recoveries. We treat the disease on general principles, and according to the indications of each individual case. In the early stage, we have had reason to be satisfied with the preparations of opium and counter-irritants. Some physicians use a large dose of opium and quinine in the beginning, when they get their cases early; they give from thirty to forty drops, and a drachm of tincture of opium, with half a drachm of quinine, for a single dose, and speak highly of their success. In a few cases I have thought that the practice did good, but I have not used it to any great extent. When brought to us, which they generally are, in the cold stage, we use stimulants, externally and internally, with nourishing broths, and several have re-acted under this treatment, and finally recovered. Males and females, young and old, are alike subjects for this disease; but far more men than women are attacked. We have seen many children die of it, some under five years, and a few old people at a very advanced age. Dr. Watson, in his very interesting and valuable Lectures on the Practice of Medicine, has given a most correct description of the disease as it now prevails among us, and I believe it to be identical with the Asiatic cholera, which he so ably describes.

I remain, very respectfully yours,

JOHN C. P. WEDERSTRANDT.

*New Orleans, Dec. 25th, 1848.*

## ARTICLE III.

*Cases of Recovery from Poisoning with Chloride of Zinc, and the suggestion of an Antidote for this Poison.* By T. STRATTON, M. D., Edinburgh.

When chloride of zinc is exhibited internally, its medicinal dose is from half-a-grain to two grains, two or three times a day. The following cases of swallowing in mistake, a quantity of a solution of chloride of zinc, lately occurred in Montreal.

CASE I.—In a house in Craig Street, in which I had been residing there was a quart bottle, suitably labelled, containing a weak solution of chloride of zinc. E. R., a servant girl, aged 17, supposing the bottle contained whiskey, put its mouth to her lips and (Nov. 4, 1847) drank about a wine-glass full. She instantly knew she had made a mistake; she experienced pain and nausea, and had a quantity of milk given her; she vomited very freely. She felt indisposition and want of appetite for about three weeks after; she was not seen by any medical man, as shame prevented her from speaking of the occurrence till a month after, when I saw her. On the supposition that she drank two ounces of the solution, I have reason to think that she took twelve grains of chloride of zinc.

CASE II.—In May 4, 1848, J. C., aged 54, a porter, a stout healthy man, at noon took up a quart bottle, properly labelled, containing a dense solution of chloride of zinc, and supposing that it contained whiskey, he put it to his mouth (as he afterwards told me, he supposed) about a wine-glass full. A large wine-glass contains two ounces and five drachms, and we consider that he swallowed two ounces of the solution, I have reason to think that he took four hundred grains of the chloride of zinc; but from the nature of the liquid, it perhaps is unlikely that he took more than an ounce of the solution, or two hundred grains of chloride of zinc; from the size of the mouth of the bottle, it is not likely that he took less than this.

He instantly felt burning pain in the gullet, burning and griping pain in the stomach, great nausea, and a sense of coldness. In about two minutes he left the house, and vomited freely in the street, for about fifty yards, till he came to a friend's house, where he lay down and continued to vomit,



or endeavored to do so. I was requested to see him, and I arrived about twenty minutes after; there was severe pain in the stomach; nausea and vomiting; cold sweating; pulse 45, small, weak; his legs drawn up, anxiety and alarm. I instantly made a strong solution of home-made brown soap, and gave him a quantity of it. He vomited every two or three minutes, and in the intervals drank of the soap-suds, of which he had altogether three or four pints. He also had warm water. The matter vomited was quite free from odor, as I showed to Dr. Winder and Dr. Mount, who were present. He now felt much easier; there was not much stomach-pain except on pressure; pulse 50; less coldness. I sent him home in a cab in which he vomited at intervals all the way. I ordered twelve leeches to the epigastrium, and an ounce of olive oil every hour.

5 P. M.—Has vomited several times after the olive oil; pulse 60, natural fullness, soft weak; tongue moist; no particular thirst. They could not procure leeches. A sinapism to the epigastrium. To take an ounce and a half of castor oil now, and half an ounce of olive oil every second hour.

May 5.—Slept a little; stomach is easier, still some heat and pain on pressure; he applied a second sinapism, which gave great relief; has vomited several times, soon after taking the olive oil; tongue dry; thirst; one foetid stool; pulse 72, soft. Repeat the castor-oil; continue the olive every four hours; linseed tea and water for drink; no food; a blister five inches square to the epigastrium. In the afternoon, he vomited four pieces, about three-quarters of an inch square, of a thin substance; they were not kept, but from the description they were probably were corroded shreds of the mucous coat of the stomach.

May 6.—Blister rose well; no pain internally; tongue red on tip, brown on edges: pulse 80, small, soft, weak, thirst; two foetid stools. No vomiting; discontinued the olive oil; cold water only for drink; to take an ounce of castor oil in the morning.

May 7.—Got up; no pain on pressure over the abdomen; no vomiting; three foetid stools; some appetite; pulse 60; tongue moist, white; weakness.

May 10.—Appetite pretty good; no uneasiness in the stomach. 12th. Appetite improving. May 15. Appetite, digestion, and strength, are the same as usual. May 30. He continues in perfect health.

On the first day, the patient was seen also by Drs. Win-



der, Mahoney, Hall, and Mount; and several times after by Dr. Winder.

REMARKS.—As the solution of the chloride of zinc was not made by myself, but supplied to me, I am not quite certain of its strength. I have good reason, however, to think that its strength is what I have stated above. The first patient took some of a diluted solution, and it is worthy of notice that she suffered from anorexia, &c. for three weeks after; while the second patient, who took a much larger dose, recovered his appetite in much less time; probably, from his having administered to him the proper antidote, while the other did not apply at all for advice.

As chloride of zinc has great deodorizing power, I took the opportunity of observing, in the second case, that the matter vomited had no odor, which probably arose from the chloride of zinc. I was careful observe if the stools were fetid, and their being so, was perhaps some proof that none of the chloride had passed lower than the stomach.

ANTIDOTES.—Some time ago, on washing my hands with soap, after having had them in chloride solution, I observed that decomposition took place; and I thought, in the event of any swallowing in mistake, or otherwise, an overdose of the chloride, that either soap, or carbonate of potash, or carbonate of soda would be the proper antidote.

To a clear solution of chloride of zinc, I added a clear solution of carbonate of soda; carbonate of zinc was precipitated, and chloride of sodium, or common salt remained in solution.

To a clear solution of chloride of zinc, I added a clear solution of carbonate of potash; carbonate of zinc was precipitated, and muriate of potash remained in solution.

To a clear solution of chloride of zinc, I added a solution of soap; the oil, or fat, in the soap, became free, and floated in the mixture in round and oval pices; carbonate of zinc was precipitated, and of muriate potash remained in solution.

With regard to the requisite *quantity* of the antidote: as soon as an overdose of chloride of zinc enters the stomach, one its first effects, fortunately, is an emetic one; but perhaps cases will occur where, from an overloaded state of the stomach, or some other cause, vomiting will not have occurred by the time the physician reaches the patient; in such cases, for a drachm of chloride of zinc, the proportional antidotal dose is either a drachm of carbonate of soda, or a drachm and a half of carbonate of potash, or as much soap as contains the

above quantities of soda or potash. In soap there is generally from six to ten per cent of either soda or potash. In nearly all cases, it will probably be found, that vomiting will occur immediately after taking the poison, so that much less than the above quantities of antidote will suffice. It is exceedingly convenient to possess an antidote in soap, which is always to be had in houses without delay. Even when soda or potash is at hand, as well as soap, the last seems preferable, as its oily part is useful, either as an emetic, or to soothe the irritated or abraded mucous membrane. Castor Oil may be prescribed to carry off any of the chloride which may have passed the stomach. Olive Oil, for a day or two, is soothing to the mucous lining of the œsophagus and stomach, and sinapisms or a plaster to the epigastrium appears to be all that is required.

Chloride of zinc, in medicinal doses, is useful in chorea, neuralgia, epilepsy, &c.; in surgical practice it is used as a caustic and escharotic, and applied externally in a weak solution, it possesses stimulant, alterative, and deodorizing powers over certain ulcers, where it has the great advantage over arsenical, mercurial, and lead preparations, of never giving rise to constitutional disorder from absorption. A peculiar solution of it (Sir William Burnett's Disinfecting Fluid) is largely used to preserve timber, canvass, and cordage from decay, and to preserve anatomical preparations, and for its deodorizing and disinfecting properties, and for various other hygienic purposes: and this solution, used in the manner directed, is perfectly innocuous.

I have looked into seven or eight of the latest works on *Materia Medica* and *Toxicology*, and have not found mention made of any antidote for chloride of zinc; in one of these works there is, in parallel columns, a list of poisons and their antidotes, and that for chloride of zinc is left blank; so that as far as I know, I am the first who had pointed out, and who has used the proper antidote for this poison.—*British American Journ. of Med. and Phys. Sci., in Annalist.*

## ARTICLE IV.

*Preparation of Collodion, or Solution of Gun-cotton as an Adhesive Material for Surgical Purposes.*—(Annalist.)

M. Malgaigne has recently communicated to the French medical journals some remarks on the preparation of gun-cotton for surgical purposes. Several French chemists, at the suggestion of M. Malgaigne, attempted to make an ethereal solution of this compound by pursuing the process recommended by Mr. Maynard, in the American Journal of Medical Sciences; but they failed in procuring the cotton in a state in which it could be dissolved by ether. It appears that these experimentalists had employed a mixture of nitric and sulphuric acids; but M. Mialhe ascertained after many trials, that the collodion, in a state fitted for solution, was much more easily procured by using a mixture of nitrate of potash and sulphuric acid.

For the information of our readers who may be disposed to try this new adhesive material, we here give a description of M. Mialhe's process for its preparation. It appears from the results obtained by this chemist, that cotton, in its most explosive form, is not the best fitted for making the ethereal solution.

	Parts by weight.
Finely powdered nitrate of potash - - -	40
Concentrated sulphuric acid* - - -	60
Carded cotton - - -	2

Mix the nitre with the sulphuric acid in a porcelain vessel, then add the cotton, and agitate the mass for three minutes by the aid of two glass rods. Wash the cotton without first pressing it, in a large quantity of water, and, when all acidity is removed (indicated by litmus paper), press it firmly in a cloth. Pull it out in a loose mass, and dry it on a stove at a moderate heat.

The compound thus obtained is not pure fulminating cotton: it always contains a small quantity of sulphuric acid, is less inflammable than gun-cotton, and it leaves a carbonaceous residue after explosion. It has, however, in a remarkable

\*The common commercial acid will answer. When very weak, a longer immersion of the cotton is required.

degree the property of solubility in ether, especially when mixed with a little alcohol, and it forms therewith a very adhesive solution, to which the name of *Collodion* has been applied,

### *Preparation of Collodion.*

	Parts by weight.
Prepared cotton - - - - -	8
Rectified sulphuric ether - - - - -	135
Rectified alcohol - - - - -	8

Put the cotton with the ether into a well stoped bottle, and shake the mixture for some minutes. Then add the alcohol by degrees, and continue to shake until the whole of the liquid acquire a syrupy consistency. It may then be passed through a cloth, the residue strongly pressed, and the liquid kept in a well secured bottle.

*Collodion* thus prepared possesses remarkable adhesive properties. A piece of linen or cotton cloth covered with it, and made to adhere by evaporation to the palm of the hand, will support, after a few minutes, without giving way, a weight of from twenty to thirty pounds. Its adhesive power is so great, that the cloth will commonly be torn before it gives way. The collodion cannot be regarded as a perfect solution of the cotton. It contains, suspended and floating in it, a quantity of the vegetable fibre which has escaped the solvent action of the ether. The liquid portion may be separated from these fibres by a filter, but it is doubtful whether this is an advantage. In the evaporation of the liquid, these undissolved fibres, by feltering with each other, appear to give a greater degree of tenacity and resistance to the dried mass.

In the preparation of collodion it is indispensible to avoid the presence of water, as this renders it less adhesive; hence the ether, as well as the alcohol, should be pure and rectified. The parts to which the collodion is to be applied should be first thoroughly dried, and no water allowed to come in contact with them until all the ether is evaporated.

## ARTICLE V.

*Influence of the Russian Vapor-baths on the Cholera.*

Of all the means employed against cholera, one of them from which the most efficacy is derived, is the vapor-bath. In some cases it has produced the most advantageous results in Russia, where its use is more generally adopted than in our climate.

In the report of the Medical Commission, sent to Petersburg in 1830, we see that in the hospital of the hemp merchants, which contains all the materials for vapor-baths, out of forty cholera patients submitted to that treatment, six only died. Dr. Minchowsky, chief physician to the establishment, having, at the request of Drs. Bary and Russell, heated and fitted up the baths with vapor, as in the case of receiving patients for the cholera, two servants belonging to the hospital were sent with a thermometer, for the purpose of measuring the degree of heat. In the space of three minutes, the thermometer mounted, in the most elevated part of the building to 46° Reaumur's scale, and in seven minutes it rose, upon the bench where the patients were placed, to 58° 12. Dr. Minchowsky, when a patient came in suffering under a severe effect of frost, placed him in the bath extended on a bench, and after rubbing him with divers substances, applied the vapor of water and vinegar, until the circulation was restored, or until all hope of saving life had vanished. A patient who was at the last extremity, after being three hours in the vapor-bath at the high temperature, was restored to life. One of the physicians belonging to the Commission, gives an interesting description of the vapor-baths in Russia, and the sensations he experienced, when he tried the effects on his own person.—*Med. Times.*—*Buff. Med. Jour.*

## ARTICLE VI.

*Chloroform and its Dangers.*

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The death of a patient in the New York City Hospital by chloroform, within the past week; will very probably be disastrous to the profession, and the public, by being perverted into an argument against all use of this invaluable anæsthetic agent, thus bringing into temporary disrepute one of the noblest discoveries in the healing art, which has ever been developed. It is in this view only, that the case furnishes

a theme for animadversion in the journals of the profession, for the possibility of so potent a remedy being fatal without great caution, must be obvious, and the same is true of morphine, prussic acid, and many other active agents which are in established and habitual use. Nor does the very rare occurrence of death from an accidental overdose of either of them, furnish any rational argument against their utility or safety, especially when it is known that some obscure idiosyncrasy may account for such untoward results, even when active remedies are given with the utmost caution, both as respects the dose and the pathological state existing at the time.

Still however the fatal case at New York should serve as an admonition, if any be needed, to the very discreet employment of chloroform by inhalation, at all times; but especially when, as in certain severe operations, its full effects is desired. Next to the judicious selection of the cases in which to employ this agency, in relation to which the profession are agreed, two things are important: viz., 1st. Never to allow the patient to inhale chloroform, without occasionally withdrawing it from the mouth and nostrils, thus permitting the inspiration of the atmospheric air at brief intervals; and this in view of the dangers of its continuous inhalation even for two or three minutes; and 2d. Always to watch the effects upon the pulse, for the purpose of instantly desisting from its use on any considerable failure either in its force or frequency. With these precautions, there need be no apprehension of any fatal or mischievous results in any patient, of any age, whose morbid condition is unaccompanied by local lesions of some vital organ; in which case, however, the use of chloroform is contraindicated. But without such precautions, this remedy, undulated, is liable to be so rapid and violent in its action as to endanger life. And from a conviction of its occasional hazards, and the possibility of its proving fatal as seen in the rare examples which have occurred here and elsewhere, there are not a few surgeons who have abandoned this article, and prefer to rely upon the sulphuric and chloric ether, notwithstanding the slower and less perfect anæsthesia which often results, and this even at the risk of occasional failure to suspend sensibility to the desired extent, by these weaker articles.

A still preferable course, however, is pursued by others, who are unwilling to deprive their patients of the superiority they justly ascribe to chloroform, and hence they seek to



remove its hazards by diluting it with ether, thus diminishing both its rapidity and violence, and as it is believed, after ample experience, annihilating all its dangers. The proportions of such dilution employed during the last year in the Bellvue Hospital, are equal parts by weight; or, what is the same thing, one part by chloroform to three or four parts of ether by *measure*. The mixture should be made extemporaneously at the time of using, as it is otherwise liable to deteriorate. The same precautions are discreet, which have been advised in reference to the undiluted article, and with these, after extensive opportunities of witnessing the employment of this *mixture*, in surgical, medical, and obstetrical practice, including several hundred cases, I am prepared to testify that no untoward result has followed in a single instance. So complete is the insensibility which has been produced that in one example of amputation of the thigh, several days elapsed before the patient discovered that he had lost a limb; and he betrayed the most unaffected surprise when he realized the mutilation he had suffered, the fact being revealed to him for the first time when it was proposed to dress the stump, which became necessary on the fifth day after the operation. In every case the insensibility to pain has been complete, and this state has been perpetuated, by the occasional repetition of the dose, when necessary, as in protracted operations. The quantity found sufficient has varied from half an ounce to two or three ounces of the mixture, and applied to the nostrils and mouth by a towel or sponge. In some instances the inhalation for four or five minutes has produced the full effect, as indicated by approaching stertor, with muscular relaxation; but in other examples double and even triple this time has been called for. The effect usually passes off, and full consciousness returns, in from three to five minutes after the inhalation ceases; but this result may be hastened by sprinkling cold water upon the face. No unfavorable consequences, even of temporary character have been observed to follow the inhalation, and it is rare that either coughing or nausea occurs to interrupt the process.

I regard it so important that no prejudice should be produced against the use of anæsthetic agents, by the recent disaster at the City Hospital, that I have written thus much in their defence, and at the same time suggested what I conceive to be the salutary and necessary precautions which the profession should adopt if they would disabuse the public mind,

and protect these valuable remedies from being thrown into disrepute. If you concur with me in opinion that these brief hints may be useful at this crisis, I may find time to communicate more fully on the subject.

Respectfully yours,

D. MEREDITH REESE.

New York, Jan. 22nd, 1849.

[We fully agree with our respected correspondent as to the injury that would accrue, both to the public and the profession, from the use of anæsthetic agents falling into disrepute on account of the occasional unfavorable results attending their administration. Every well attested means, therefore, for preventing these results, should be adopted. That recommended by Dr. R., in the above communication, and which we trust he will soon treat further, appears judicious, and having the recommendation of his experience and approval, is certainly worthy the trial of others.—Ed.]—*Bost. Med. and Surg. Jour.*

#### ARTICLE VI.—*Hood's Illustration of Hydropathy.*

"It has been our good fortune, since reading Claridge on hydropathy, to see a sick drake avail himself of the "water cure," at the dispensary in Saint James' Park. First, in wading in, he took a "Fuse bad," then took a "Sitz bad," and then turning his curly tail up in the air, he took a "Kopf bad." Lastly, he rose almost upright on his latter end, and made such a flapping with his wings, that we really expected he was going to shout "Priesnitz for ever." But no such thing. He only said, "quack! quack!! quack!!!"

## Part 4.—Editorial.

### ARTICLE I.

#### LETTER FROM DR. HALL.

The following letter from our much esteemed correspondent, Dr. Hall, solves the difficulty which we had, at the time of publication, in accounting for the symptoms in the case reported by him in No. 4, of this volume of our journal.

We find upon again comparing his manuscript, with the report of the case, as published, that the mistake referred to was *not* made by the compositor. H.

Toulon, Illinois, February 10, 1849.

GENTLEMEN :—There is a material error in the description of the case of cerebral abscess, published in your journal; and whether the error is mine, or the compositor's, I know not; my notes are correct, from which I transcribed it. *The Paralysis was on the left side*—in strict accordance with the general rule in cerebral disease.

I was surprised, in reading the letter of your Paris correspondent, to find some observations on Jobert's *new method* of treating fractures without splints and bandages; for there is nothing particularly new about it. In 1834 Mr. Wardrop, in a clinical lecture, made some observations on the injurious effects of splints and bandages, and the management of fractures without them; this lecture was published in the London Lancet, Article 4th, 1834; Page 55. It made no impression, or next to none. In the Lancet for October 21, 1855, page 168, there is an essay on the same subject, by Mr. Radley, of Newton Abbot, Devonshire. It was followed up by some three or four more from the same pen, with cases illustrative the advantages the new method possessed. These essays

were plainly and forcibly written, and consequently produced an impression; and the principles of the treatment were debated in the London Medical Society, on November 30, 1835, and a few following meetings and published in the *Lancet*.

THOMAS HALL.

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## ARTICLE II.

### CONVENTION OF WESTERN MEDICAL SCHOOLS.

We see that the proposition for this Convention meets with favor generally, among the Medical Journals. but as yet we hear of no report from any of the schools directly. Of course, until there is some intimation from the schools, of their approbation of the project and willingness to send delegates, it is useless to appoint a time or place for meeting.

With Cincinnati as the place, and the last Tuesday in April next as the time, we would be entirely satisfied, provided all can be ready and an understanding had by that time, which we very much doubt.

That we may act understandingly in the matter, we propose that our friend, Professor Lawson, of the Western *Lancet*, act as Secretary of the project, and recommend that he privately address medical schools in the west, to ascertain whether they will all send delegates or not, and if there is a general concurrence, fix the time and give notice accordingly. Unless some general understanding can be had, it will be scarcely worth while for delegates to meet, as a partial representation cannot accomplish much. E.

## ARTICLE III.

## DEPARTMENT OF MEDICINE IN THE UNIVERSITY OF MICHIGAN.

We observe by the catalogue of the "College of the Arts and Sciences of the University of Michigan," that it is contemplated to commence a course of instruction in the department of Medicine, next autumn.

"The Board of Regents have adopted the plan of requiring but one course of lectures, which, in consequence, will be extended through the academic year, and subject to the same vacations as in the department of Science and Arts."

There are three vacations annually, viz.:—"From the third week in July, eight weeks; from Wednesday, next preceding 25th December, two weeks; from the third Wednesday in April, three weeks."

Students are to undergo an examination for admission, and will be required to come up to the standard of preliminary education of the National Medical Convention.

The expenses will be the same as those in the department of Science and Arts. An announcement will be published in the course of the year.

E.

## ARTICLE IV.

## IMPOSITION IN THE SALE OF MEDICINE.

We have received, through the politeness of Mr. Crawford, who reported it, a copy of a Bill introduced before the Legislature of Wisconsin, for the prevention of imposition in the sale of medicine.

On reading the first three sections of the Bill, which require all compound medicines, vended in the State, to be accompanied by a label setting forth in the English language each

ingredient, and its proportion, under a penalty of five dollars for each offence, with twice the amount asked for the article added, we thought our friends were taking a step in advance; but when Section 4th exempted all patent medicines from the provisions and penalties of the bill, we exclaimed: surely our friends are throwing away their efforts!

They give to the patented nostrum the privilege of secrecy, while the physician's prescription made by him from actual examination, if sent to the apothecary, must be labeled in *English* as above specified. In other words, the patent nostrum designed to be used by the patient, by guess, so far as its applicability is concerned has full privilege without restraint: while each prescription of the physician, made out for the special case, and of the fitness of which, he is alone to judge, must be set forth on a label in *English*.

We hope the bill was amended before it passed, or the title changed to set forth its true bearing, as follows: A Bill to secure exclusive privileges to the venders of patent medicines.

E.

## ARTICLE V.

### TO OUR PATRONS.

As this number closes the volume, we deem it a proper time to make a few very brief requests of our subscribers, which we hope they will deem reasonable, and comply with.

1. We desire that all arrears be settled by prompt remittance; and those who continue to take the work, will please remember that our terms are payment *in advance*.

2. We desire that all those who wish the work discontinued will notify us through the Post Master before the issue of the first number of the next volume which will be about a week before the first of May. This will be better



than refusing a number as it saves us the postage and prevents the number from being spoiled.

3. We hope that no more subscribers will be so unjust as to take the first numbers and afterwards refuse them, as it gives us broken sets of the work, and does not relieve them of their liability for the whole volume.

4. We request all to remember, that letters sent without payment of postage are liable to not reach us at all.

5. And further we request our friends to aid in extending our circulation. We shall print twelve hundred and fifty copies, which will give us enough to supply some two hundred additional subscribers.

We have a number of extra copies of the current volume, which we will furnish to new subscribers, who send us three dollars in advance, with the next year's subscription to the work. As there will be a slight variation in the terms, the reader is referred to the Prospectus of next volume on the cover.

#### ARTICLE VI.

#### OTTOWA MEDICO CHIRURGICAL SOCIETY.

This Association, we learn by a letter from the Secretary, was organized on the 1st of January last, by the election of Allen H. Howland, M. D., President; M. A. Gooding, M. D., Vice President; E. A. Guilbert, M. D., Secretary; and J. Pearson, M. D., H. Rosenkrans, M. D., and Joseph Stout, M. D., Censors. It convenes every two weeks, and its meetings have so far been interesting. The code of ethics of the "American Medical Association" was adopted and each member pledged to live up to its precepts. We wish our friends success in their efforts.

## ARTICLE VII.

## TRIAL FOR MAL-PRACTICE.

## KENDALL CIRCUIT COURT.

Judah Rowley, vs. Charles H. Duck, and Joseph Morley.  
Before the Hon. T. L. DICKEY, Circuit Judge.

This was an action on the case, against Defendants as Surgeons, for mal-practice. The charges in the declaration were for "unnecessarily, unskillfully and with a *carpenter dull saw*, cutting off Plaintiff's leg." It also alleged *negligence* in the treatment. *Defendants plead not guilty.*

Messrs. Dodge & Jones, Attorneys for Plaintiff; J. N. Arnold, for Duck; Helm, for Morley.

The following is, in substance, a brief statement of the case as made by Jones, in his opening on the part of the plaintiff:—

During the month of August, 1844, Rowley, the plaintiff, received a severe injury of the foot from a thrashing machine. Dr. Morley, one of the defendants, after examining the injured limb soon after the accident, decided that the extent of the injury was such as to require amputation of the leg, and accordingly sent for the other defendant, Dr. Duck, who was then in the neighborhood on a visit, and requested him to perform the operation who, as we contend, without careful examination or consultation with the other physicians present, proceeded at once to operate, and that, too, with improper instruments, and at a point near the knee, too high up upon the leg. We expect to show in evidence, that the injury did not extend above the instep and that, therefore, if an operation was required, it should have been performed upon the foot so as to leave all or a part at least, of the bones of the tarsus.

We propose to show also, that the amputation, if necessary, should have been performed near the ankle joint; also, that as the effect of want of skill in operating and negligence in the subsequent treatment, the patient has a bad stump, from which he suffers much pain and inconvenience.

Arnold, on the part of defendants, stated on the other hand, in substance as follows:—

We expect to show in evidence, that the injury extended into, and even above the ankle joint, that it was of such a nature as to require amputation of the leg, that the proper point was the one selected, and that there was no want of judgment or skill in operating, or lack of attention subsequently, on the part of defendants; also, that the plaintiff, so far from suffering pain and inconvenience, is remarkably healthy, active, and free from pain.

The witnesses on the part of the plaintiff were now called and sworn.

James P. Lamb testified in substance as follows:—

Was present at the time of operation. Dr. Morley arrived soon after the accident, and after making a slight examination of the injured limb, went out for Dr. Duck. During his absence, Dr's. Seely and Holden arrived. After the return of Dr. Morley with Dr. Duck, a short consultation was held by the physicians present, which resulted in the determination to amputate.

The operation was performed by Dr. Duck. Time occupied about half an hour. Was a long time in sawing off the bone. Instruments used, a long knife and carpenter saw. From the appearance of the injured limb, both before and after amputation, believes the injury did not extend so as to effect the bones higher than the instep.

Henry Ford called.

Was present at time of injury and also during the operation. Foot appeared badly injured as high as instep, (the witness here marked out upon his foot the point to which the injury appeared to him to extend,) Dr. Duck operated. Instruments used, a handkerchief twisted around the thigh to prevent bleeding, a long knife and a saw, obtained from a carpenter's shop near by. Time occupied in sawing off bone, fifteen or twenty minutes. Saw worked badly.

Cross-examined.—Dr's. Duck, Morley, Holden and Seely were all present and took part in the consultation and operation. Dr. Duck remarked that his amputating instruments were in Chicago, (forty miles distant,) and that as the weather was warm it would be unsafe to delay the operation until they could be sent for.

Mr. Bremer called.

Saw the stump two or three days after amputation, at which time, Dr. Morley extracted from the wound a flat piece of bone two or three inches in length. Dr. Morley said at the time he thought it probable that this piece of bone had been broken off by the saw, at the time of the amputation. Dr. Morley stated also, in a subsequent conversation with witness, that, in his opinion, the leg ought not to have been amputated, but that he consented that it should be taken off to gratify Dr. Duck, who wished to operate.

Cross-examined.—The piece of bone came out two or three weeks after amputation, plaintiff then setting up, and in four or five weeks after the operation was up and about. Conversation with Dr. Morley, concerning the operation, took place some time after operation. He sometimes drinks to excess, might have been excited when he made the remark.

Lewis Sutton called.

Was present at the time of operation. Testimony, in substance, same as that of the two first witnesses.

George Hay, tailor, called.

Plaintiff has resided with and worked for witness, for three or four years past. He suffers no inconvenience or pain from working in shop as tailor, but the stump becomes sore, blisters, and is painful after severe exercise.

Cross-examined.—Plaintiff walks as fast as any other man, short distances. Is a leader in sports. Has no property.

D. Johnson called.

Witness is a carpenter. Lent the saw, used in amputating the leg, to Dr. Morley. Saw not in very good condition. Dr.

Morley said it would answer. It was a dove-tail saw, not set to saw across the grain.

Dr. Hopkins called.

Is a practicing physician and surgeon. Has heard all the testimony, but from the evidence given, can neither form an opinion, with regard to the nature of the injury, or decide as to what would have been the proper course for a surgeon to pursue in the case.

Dr. Hard called.

Is a practicing physician and surgeon at Aurora, also a professor in the Indiana Medical College. Has heard the testimony. Believes, taking the statements of witnesses as the basis upon which to form an opinion, that by performing Chopart's operation, a portion of the foot might have been saved. Has examined the stump, and finds it a tolerably good one. It is a little too short and would have been better if the flap had adhered, so as to serve as a cushion for the bone.\* Not material as to what instruments are used in amputating, providing they answer the purpose. From evidence it appears that defendants were a longer time in amputating than is generally required to perform such an operation, but they are not to be considered culpable on that account, as it should be a rule in surgery to operate skillfully rather than rapidly.

Cross-examined.—Would not be willing to give a professional opinion as to what operation should have been performed, based upon the testimony now before the court. Should much prefer the judgment of physicians. Opinion based upon the assumption that neither the tibia, fibula, joint, or large bones of the tarsus were seriously injured.

In cases where the ankle joint is laid open, and where the tendons and ligaments are lacerated and torn amputation is

\*The bone appeared as if it had been divided about an inch below the tubercle of the tibia, and the muscles had retracted so as to form a prominence above and behind it.

justifiable some, in cases necessary. Lacerated wounds are more dangerous than incised, and injuries of the leg or foot more serious than those of the arm or hand.

The sawing of a bone causes but little if any pain. Believes that a bone might be split in sawing, just before the section is completed, especially if much motion be permitted.

Dr. D. Eastman called.

Is a practicing physician and surgeon. Considers the testimony as to the nature and extent of the injury too imperfect to justify an expression of opinion, as to what should have been the treatment in the case in question. In cases where the phalangeal, metatarsal, and even where the small anterior tarsal bones are included in an injury, an attempt should be made in most instances to save a portion of the foot, but if on the other hand, an injury is so extensive as to seriously effect the ankle joint amputation is justifiable. Should put more confidence in the opinion of physicians in attendance at the time of an operation than upon the testimony of all others present.

At this stage of the proceedings a discussion arose between the parties in consequence of an attempt made on the part of the plaintiff to introduce testimony to show what are the pecuniary circumstances of the respective parties. By mutual agreement it was finally determined to waive the subject. No decision was made by the court, therefore, as to whether such testimony is admissible or not in such cases.

The witnesses on the part of defendants now came forward and were sworn.

Mr. Ives, upon being called.

Is acquainted with both parties. Has known plaintiff five or six years. Was present at the time of operation. From appearance of injured limb, previous to amputation, believes the parts were lacerated and torn around, and even above, the ankle joint upon its internal side. Dr. Seely was the only physician present at the time witness arrived at Lamb's house, where the operation was performed.



Drs. Duck and Morley came together, and in a short time Dr. Holden arrived.

All four of the physicians above named took part in the examination of the injured limb. Dr. Duck was particular in examining below, around, and above the ankle joint. He then stated that the joint was injured.

A consultation was then held, which resulted, as witness believes, in the unanimous conclusion of the physicians present, that the injury was so severe and extensive as to require amputation of the leg above the ankle joint. The bones and soft parts torn from the limb, were taken from the machine by witness. Some of the bones were long with a rounded head; others broad and thick, not as long. Some in fragments others apparently entire. Time occupied in performing operation believes to have been 10 or 15 minutes.

Cross-examined.—The injury about the instep appeared as if it had been produced by a tooth of the machine passing through the foot near to or at the ankle joint. (Testimony the same in substance as before given.)

Dr. Seely called.

Is a practicing physician and surgeon. Was present and took part in the consultation and operation. Examined the parts previous to the operation. Found the ligaments and tendons about the ankle joint lacerated and broken, and some of the small bones of the tarsus torn from their sockets. Foot turned downwards and inwards as in dislocations of the ankle joint. It was the opinion of all the physicians present that the injury was such as to require amputation. Doctor Duck operated. Time occupied in the operation 10 or 15 minutes.

Cross-examined.—Has been in practice since 1815, and since that time has endeavored to keep up with the improvements in surgery. Not had much practical experience, but believes himself capable of deciding correctly as to the proper treatment in such cases. Lateral ligaments of ankle joint must have been lacerated or the displacement downwards

and inwards could not have taken place. Not positive as to whether capsular ligament was lacerated or not.

D. St. Clair called.

Knows plaintiff, and has conversed with him frequently concerning the injury and operation. About four weeks after the operation plaintiff told witness he was well satisfied with the treatment, and felt convinced that he should not have recovered if it had not been for the operation and attention of Dr. Morley subsequently.

Cross-examined.—Conversation with plaintiff took place about three or four weeks after operation. Plaintiff was then out and walking upon a wooden leg. Believes the plaintiff to have been about 17 years of age at the time.

— Tolford called.

Is acquainted with plaintiff, and has conversed with him concerning the operation, &c. (Testimony same in substance as that of previous witness.)

Dr. Hopkins re-called on the part of defence.

About four years since examined the bones of amputated limb, then in possession of plaintiff. Was requested to do so by plaintiff, for the avowed purpose of witness' opinion as to whether or not, it would be advisable to bring an action against defendants for mal-practice. The small bones of the tarsus were some of them fractured. As far as memory serves, is now of opinion that both the astragulus, and os calcis were fractured. Is positive that the tibia was fractured at the lower extremity, in such a manner as to include parts concerned in the formation of the ankle joint. The fracture of the tibia extended from the lower extremity of the bone, from one and a half to two inches upwards, upon its anterior surface. Is of opinion, taking the condition of the bones into consideration, that amputation of the leg was justifiable. Would not be considered bad practice to amputate near the knee, or at any point upon the leg which the surgeon might choose to select. Has seen the bones since

the time referred to above, in the possession of plaintiff's Attorney, Jones.

Cross-examined.—Saw the bones about a year after operation. Was informed at the time that they had been buried, and were subsequently dug up. Soft parts detached at time of examination. Could not say positively whether astragulus and 'os calcis were injured or not, but believ'd they were. Amputation just above the ankle leaves a long stump, to which an artificial foot may be adjusted; but believes such a stump is not as useful to a laboring man as when the amputation is made nearer the knee. The fractures of the bones in question might possibly, have been produced by accident in digging them up, or otherwise, since the operation.

Dr. Eastman re-called.

From testimony of Dr. Hopkins just given, believes that amputation was proper in the case in question. Amputation of a portion of foot, in case of fracture of tibia, and injury of joint, as described by Dr. Hopkins would be improper. Point for amputation of leg when required may very properly be left discretionary with the surgeon. Point near the knee joint most frequently selected.

Cross-examined.—Bases opinion last given upon testimony of Dr. Hopkins.

Dr. Holden called.

Was present at the time of amputation. Examined the stump after operation. Found ends of bones smooth. The stump a good one. Time consumed in operation short.

Cross-examined.—Was a medical student at the time—not in practice. Has been in practice four years. Examined the limb amputated, and believed at the time that the operation was necessary. It was done well, and at the proper place.

Dr. Hard re-called on the part of the plaintiff.

Had a conversation with Dr. Seely soon after the operation, at which time it was stated in substance, by Dr. Seely, that in his opinion the operation was unnecessary, and the limb might have been saved.

Cross-examined.—Believes from testimony of Dr. Hopkins concerning condition of bones, that amputation near the knee joint was necessary.

Dr. Herrick called on the part of defence.

Has been a practicing physician and surgeon fourteen years. Is Professor of Anatomy in Rush Medical College, Chicago. Has served as surgeon in the war with Mexico and at the battle of Buena Vista. Believes from testimony of Dr. Hopkins, concerning condition of bones, that amputation of the leg was justifiable in the case in question. Surgeons differ as to the point to be selected in amputations of the leg. In deciding this question they are influenced and governed very much by circumstances. Indigent and laboring men are generally better off with short stumps. Has examined the stump, but finds nothing to object to in its condition or appearance. Believes, from testimony of Dr. Hopkins, that Shoupard's operation should not have been performed in the case of Plaintiff.

The testimony being now closed, it was proposed by the council for defendants to submit the case to the jury without arguments. This, however, was not agreed to by the opposite council. The arguments on both sides were creditable. The gentlemen on the part of plainiiff, being led astray, as we suppose, by their zeal in behalf of their client, stated that the testimony of medical men could not fully be relied on in such cases, as they would generally sustain each other, right or wrong. This is certainly a most unjust and uncalled for accusation, since no class in the community are more anxious to discourage quackery and punish ignorance, under whatever garb it may appear, than the well-informed medical men, constituting the great body of the profession.

The arguments on the part of the defence were very properly, as we think, based on facts in the evidence given by medical men, and upon the assumption that they constitute the proper authority to which we must look for correct, and just decisions in such cases.

The following are the principal and most important instructions given to the jury by the Court.

If the Jury believe from the evidence, that the defendants were by profession physicians and surgeons, and in such capacity undertook to operate upon, dress or heal the plaintiff's wounded foot or leg, and did unskillfully operate upon the same; or did unskillfully, or negligently dress or take care of the same after performing said operation, so that the Plaintiff sustains any damage by reason of such unskillfulness or negligence of said defendants, the law is for the Plaintiff.

If the Jury find for the Plaintiff, it will be their duty to allow damages to the Plaintiff, commensurate with the injury which they believe he has sustained, by reason of the negligence or unskillfulness of Defendants, in all not exceeding the amount (\$5,000) claimed in Plaintiff's declaration.

The Plaintiff in this case must establish affirmatively, that the Defendants have been guilty of negligence or mal-practice, in order to justify them in finding a verdict for Plaintiff.

If the Jury believe that the defendants acted, in good faith, with ordinary skill as surgeons and in pursuance of the usual practice, then they should not find the defendants guilty.

If the Jury believe from the evidence that there is a difference of opinion among surgeons in regard to the proper treatment, and that there are good authorities both ways, so as to leave it an unsettled question among good surgeons, then if they believe from the evidence that the defendants acted according to their best judgment, and are sustained by good authorities, and not in revelation of any well-settled rule of the profession, then the Plaintiff is not entitled to recover. Unless the Jury believe there was a joint wrong in this case by both defendants, the Plaintiff cannot recover against both of the Defendants.

That the admissions of Morley furnish no evidence against Duck, and that it is the duty of the Jury to disregard them entirely so far as Dr. Duck is concerned. If the Jury believe from the evidence, that the amputation was made at

the place most usually made by the best surgeons, and in pursuance of established authorities, then although there may be authorities in favor of operating at another place, still the fact of amputation near the knee is not, by reason thereof, mal-practice.

If the believe Jury believe from the evidence, that Morley stated after the amputation that it was improperly done, such statement is not conclusive as to him; but it is the duty of the Jury to take into consideration the evidence of the case tending to shew the statement not to be correct.

The verdict of the Jury was, no cause of action. H.

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#### ARTICLE VIII.

##### PHILADELPHIA ASSOCIATION FOR MEDICAL INSTRUCTION.

The seventh annual announcement of this Institution is on our table. We are highly pleased with the plan of Instruction proposed and hope our friends may have a full class. The lectures commence on the first Monday in April next, and continue until the first of October, when the regular winter courses in the colleges commence, with a mid-summer's recess. Three lectures will be given daily, and the course embraces instruction in the several departments of the science of Medicine, as follows:

*Anatomy*—J. M. Allen, M. D.

*Physiology*—F. J. Smith, M. D.

*Materia Medica and Therapeutics*—Francis West, M. D.

*Medical Chemistry*—Robert Bridges, M. D.

*Diseases of Children*—J. Forsyth Meigs, M. D.

*Institutes and Practice of Surgery*—J. M. Wallace, M. D. ;

*Pathology and Practice of Medicine*—Alfred Stillé, M. D.

*Obstetrics and Diseases of Women*—David H. Tucker, M. D.

Fee for Course, \$60 ; single tickets, \$10.

E.



## ARTICLE IX.

## ANNUAL COMMENCEMENT.

At the annual Commencement of Rush Medical College, held on the 22d of February, 1849, the degree of Doctor of Medicine was conferred on the following named gentlemen, who had complied with the requirements of the Institution, and passed a satisfactory examination:

<i>Names.</i>	<i>Title of Thesis.</i>
Alfred W. Armstrong,	On Erysipelas.
Wm. W. Cavarly,	On Intermittent Fever.
Asa Clark,	On Purpura Hemorrhagica.
Harvey Cutler,	On Narcotics,
Joseph W. Freer,	On Anæsthetic Agents.
Charles C. Garrett,	On Amenorrhœa connected with Chronic Hepatitis.
Israel G. Harlan,	On Eutozoa.
George M. Huggans,	On Ergot as a Parturient Agent.
Calvin B. Lake,	On Continued Fever.
Robert Pennell Lamb,	On Typhoid Fever.
Orrin T. Maxson,	On Hysteria.
Peter B. McKay,	On Diarrhœa.
Edwin G. Meek,	On Syphilis.
Gideon C. Paramore,	On Latent Pneumonia.
James C. Patterson,	On Tonsillitis.
Charles H. Richings,	On Diet.
John H. Warren,	On Pathomania.
Jerome F. Weeks,	On the Anatomy of the Eye, with some of its Diseases.

The Honorary Degree of Doctor of Medicine was conferred upon Dr. Thomas Hall, of Toulon, Illinois; and James H. Buell, of Williamsport, Indiana.

## ARTICLE VIII.

## RUSH MEDICAL COLLEGE.

It will be seen by the notice on the cover, that the Trustees, of this Institution, are disposed to spare no pains in their endeavours to fill the two vacant chairs, with the best talent at their command. We are satisfied that they will be governed entirely by the interest of the College in making the appointments. To enable them to act understandingly, applicants would do well to send evidence of character, qualifications, and experience in practice and teaching.

They think justly that the flattering prospects of the school and the advantages offered by the City of Chicago as a location for one holding a chair in it, ought to bring into competition for these places the ablest men in the profession.

For the information of physicians at a distance, we would state that the College was organized six years ago, under an independent charter from the Legislature of Illinois, to the board of Trustees, and has been in successful operation ever since. The last class numbered 100 Students, and would have been one third larger had the same terms of credit been given as last year, and as neighboring schools offered.

The chairs are on an equality so far as regards the price of tickets, and a voice in the management of business are concerned.

A commodious brick building, large enough to accommodate 200 students.; situated in a convenient part of the City, belongs to the Institution.

There is an abundance of material for dissection always at command, and plenty of dispensary and hospital practice affording means of giving Clinical instruction.

The City of Chicago numbers over 20,000 inhabitants, which has for several years been increasing at about 20 per cent. per annum, and from its position and prospects, will no doubt be the great commercial city of the North-West. E.

## ARTICLE IX.

## EDITORIAL CHANGES.

Dr. Drake the able pioneer of Medical Journalism in the west, has retired from the editorial charge of the *Western Jour. of Med. and Surg.* He has been a free, pleasing, and strong writer, and we part with him with regret, as losing an editorial father.

Our promising young friend, and quondam class-mate, Dr. Colescott too has retired, leaving that paper exclusively in the hands of Prof. Yandall.

Dr. Huston of the *Medical Examiner*, so long and favourably known among the Editorial Corps, has retired from the editorial chair, and Drs. F. G. Smith, and D. H. Tucker, take his place.

We observe by the *Buffalo Med. Jour.*, that a prospectus has been issued for publishing the *Western Medical Magazine* at Cleveland O. Professor J. J. Delamater is to be the editor.

Professor Harrison has retired from the *New Orleans Med. Jour.*

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ARTICLE X.

## MISCELLANEOUS MEDICAL INTELLIGENCE.

**ANTIDOTE TO STRYCHNINE.**—It is said that camphor is an effectual antidote to strychnine. Five grains given in almond emulsion stopped the tetanic symptoms almost immediately in a case where one eighth of a grain had been taken.

The next meeting of the National Medical Association will be held in Boston commencing on the first Tuesday in May next. Societies are requested to send a list of their delegates to Dr. H. J. Bowditch, Sec'y, by the 14th of April. Each

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society is entitled to one delegate for every ten members, and one for every additional fraction over half of that number.

We see the project of establishing a National Medical College is discussed by our friend of the Buffalo Medical Journal.

We observe that a controversy has<sup>1</sup> taken<sup>1</sup> place between Professor Bartlett and the Editor of the Western Lancet, on account of strictures of the latter on the "Medical Philosophy" of the former.

The cholera is prevailing in Europe according to our last reports. It has almost, if not entirely subsided in this country. It is to be feared that it will break out again when warm weather comes.

Professor Williams, the distinguished Pathologist, of London, retires from the University College at the close of the present session.

Prof. T. D. Mitchell, of Lexington, Ky., has resigned his chair in Transylvania University, and accepted that of Theory and Practice in the Philadelphia College of Medicine.

The class in the Medical College of Ohio, the past session, numbered 175 students.

The Geneva Medical College has conferred the degree of M. D. upon Miss Elizabeth Blackwell, who had complied with all the requisitions of the institution. Her thesis published in the Buffalo Med. Jour., is a sensible document.

OBITUARY.—Dr. Prichard, author of the work on insanity, died in London, on the 22d of last December, aged 63.

Mr. Samuel Cooper, the celebrated surgeon, author of the Dictionary, died Dec. 8, 1848, aged 68. E.



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